| Fill in this information to identify your ca                      |   |                                    |
|---|---|------------------------------------|
| United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS |   |                                    |
| Case number (if known):   | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Mikayla government-issued picture First Name First Name identification (for example, your driver's license or Middle Name Middle Name passport). Avery Last Name Bring your picture Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you Michael have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or Knapp maiden names. Last Name Last Name Only the last 4 digits of $xxx - xx - 9 \quad 4 \quad 8 \quad 9$ your Social Security number or federal OR OR **Individual Taxpayer** Identification number (ITIN) Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and

doing business as names

Business name

Business name

| Debtor 1 |                    | Mikayla J Avery                |            |   | Case number (if known) |  |  |
|----------|--------------------|--------------------------------|------------|---|------------------------|--|--|
|          |                    |                                | Abo        | out Debtor 1:   | Abo                    | out Debtor 2 (Spouse Only in a Joint Case):  |  |
|          |                    |                                | EIN        |   | EIN                    |  |  |
|          |                    |                                | EIN        |   | . <u>—</u>             |  |  |
| 5.       | Where              | you live                       |            |   |                        | ebtor 2 lives at a different address:  |  |
|          |                    |                                | 110        | 00 Kenney Fort #621   |                        |  |  |
|          |                    |                                | Num        | nber Street   | Nun                    | nber Street  |  |
|          |                    |                                |            |   |                        |  |  |
|          |                    |                                | Ro         | und Rock TX 78665   | _                      |  |  |
|          |                    |                                | City       |   | City                   | State ZIP Code   |  |
|          |                    |                                | Wil<br>Cou | liamson<br>nty  | Cou                    | nty  |  |
|          |                    |                                | the        | our mailing address is different from<br>one above, fill it in here. Note that the<br>rt will send any notices to you at this | fro                    | ebtor 2's mailing address is different n yours, fill it in here. Note that the court send any notices to you at this mailing |  |
|          |                    |                                |            | ling address.   |                        | ress.  |  |
|          |                    |                                |            |   |                        |  |  |
|          |                    |                                | Num        | nber Street   | Nun                    | nber Street  |  |
|          |                    |                                | P.O.       | Вох   | P.O.                   | Вох  |  |
|          |                    |                                | City       | State ZIP Code  | City                   | State ZIP Code   |  |
| 6.       |                    | ou are choosing                | Che        | eck one:  | Che                    | eck one:   |  |
|          | tnis dis<br>bankru | strict to file for<br>uptcy    |            | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.          |                        | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.         |  |
|          |                    |                                |            | I have another reason. Explain.<br>(See 28 U.S.C. § 1408.)  |                        | I have another reason. Explain.<br>(See 28 U.S.C. § 1408.)   |  |
| Р        | art 2:             | Tell the Court Ab              | out Y      | our Bankruptcy Case   |                        |  |  |
|          |                    | apter of the<br>aptcy Code you |            | k one: (For a brief description of each, see ankruptcy (Form 2010)). Also, go to the top                                      |                        | quired by 11 U.S.C. § 342(b) for Individuals Filing and check the appropriate box.   |  |
|          | are cho<br>under   | oosing to file                 | <b>V</b>   | Chapter 7   |                        |  |  |
|          |                    |                                |            | Chapter 11  |                        |  |  |
|          |                    |                                |            | Chapter 12  |                        |  |  |
|          |                    |                                |            | Chapter 13  |                        |  |  |
|          |                    |                                |            |   |                        |  |  |

| Deb | otor 1 Mikayla J Avery                             | Case number (if known) |  |   |   |  |
|-----|--|------------------------|--|---|---|--|
| 8.  | How you will pay the fee                           | cour                   | Il pay the entire fee when I file my<br>rt for more details about how you m<br>with cash, cashier's check, or mon-<br>alf, your attorney may pay with a cr | ay pay. Typically, if you a ey order. If your attorney is                                   | re paying the fee yourself, you may submitting your payment on your   |  |
|     |  |                        | ed to pay the fee in installments.<br>viduals to Pay The Filing Fee in Ins   | •   | sign and attach the Application for 03A).   |  |
|     |  | By la<br>than<br>fee i | 150% of the official poverty line th   | d to, waive your fee, and m<br>at applies to your family si<br>option, you must fill out th | ay do so only if your income is less<br>ze and you are unable to pay the<br>e Application to Have the Chapter 7 |  |
| ban | Have you filed for                                 | <b>☑</b> No            |  |   |   |  |
|     | bankruptcy within the last 8 years?                | ☐ Yes                  |  |   |   |  |
|     |  | District _             |  | When  | Case number   |  |
|     |  | District               |  | MM / DD / Y   |   |  |
|     |  | District _             |  | when  | Case number   |  |
|     |  | District _             |  | When  | Case number   |  |
| 10. | Are any bankruptcy                                 | <b>√</b> No            |  | MIMI / DD /   | 1111  |  |
|     | cases pending or being                             | ☐ Yes.                 |  |   |   |  |
|     | filed by a spouse who is not filing this case with | Debtor                 |  | Pala  | tionship to you   |  |
|     | you, or by a business partner, or by an            | -                      |  |   | tionship to you   |  |
|     | affiliate?   | District _             |  | When  | Case number, if known   |  |
|     |  | Debtor _               |  | Rela  | tionship to you   |  |
|     |  | District               |  | When  | Case number,  |  |
|     |  | _                      |  | MM / DD / Y   | YYYY if known   |  |
| 11. | Do you rent your                                   | ☐ No.                  | Go to line 12.   |   |   |  |
|     | residence?   | <b>✓</b> Yes.          | . Has your landlord obtained an e  | viction judgment against y  | ou?   |  |
|     |  |                        | No. Go to line 12.   |   |   |  |
|     |  |                        | Yes. Fill out Initial Stateme and file it as part of this bar  | -   | ment Against You (Form 101A)  |  |

| Deb | tor 1 Mikayla   | a J Avery  |            |                         |  | Ca:  | se number (if known)  |                              |                                   |
|-----|---|--|------------|-------------------------|--|--|---|------------------------------|-----------------------------------|
| P   | art 3: Repo   | rt About An  | y Bı       | ısine                   | sses You Own as  | a Sole Propriet  | or  |                              |                                   |
| 12. | Are you a sole pof any full- or pabusiness?   | -  |            |                         | Go to Part 4.<br>Name and location of b  | ousiness   |   |                              |                                   |
|     | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or |  |            |                         | Name of business, if any  Number Street  |  |   |                              |                                   |
|     | sole proprietorsh   | you have more than one<br>ble proprietorship, use a<br>eparate sheet and attach it                     |            |                         | Single Asset Rea Stockbroker (as of  | ness (as defined in<br>al Estate (as defined<br>defined in 11 U.S.C.<br>er (as defined in 11 | 11 U.S.C. § 101(27A))<br>in 11 U.S.C. § 101(51<br>§ 101(53A)) |                              | ode                               |
| 13. | Are you filing un<br>Chapter 11 of th<br>Bankruptcy Coo<br>are you a small  | ne<br>de and   | can<br>mos | set ap                  | filing under Chapter 11,<br>propriate deadlines. If<br>nt balance sheet, staten<br>f these documents do no | you indicate that yo<br>nent of operations, o  | u are a small business<br>cash-flow statement, a              | debtor, you<br>nd federal ir | nust attach your ncome tax return |
|     | debtor?   | $\overline{\mathbf{V}}$  | No.        | I am not filing under C | hapter 11.   |  |   |                              |                                   |
|     |   | For a definition of small business debtor, see 1 U.S.C. § 101(51D).                                    |            | No.                     | I am filing under Chap the Bankruptcy Code.  | ter 11, but I am NO  | Γ a small business det  | otor accordin                | ng to the definition in           |
|     | 11 U.S.C. § 101(  |  |            | Yes.                    | I am filing under Chap<br>Bankruptcy Code.   | ter 11 and I am a sr   | nall business debtor a  | ccording to                  | the definition in the             |
| P   | art 4: Repo   | ort If You Ow  | vn oı      | r Hav                   | e Any Hazardous I  | Property or Any  | Property That N   | eeds Imn                     | nediate Attention                 |
| 14. | Do you own or l<br>property that po<br>alleged to pose<br>imminent and ic   | oses or is<br>a threat of  |            | No<br>Yes.              | What is the hazard?  |  |   |                              |                                   |
|     | safety? Or do y<br>any property tha   | hazard to public health or<br>safety? Or do you own<br>any property that needs<br>immediate attention? |            |                         | If immediate attention   | is needed, why is it   | needed?   |                              |                                   |
|     | perishable goods<br>livestock that mu   | stock that must be fed, or<br>uilding that needs urgent  |            |                         | Where is the property  | ? Number Street  |   |                              |                                   |
|     |   |  |            |                         |  | City   |   | State                        | ZIP Code                          |

Debtor 1 Mikayla J Avery Case number (if known)

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one: I received a briefing from an approved credit

About Debtor 1:

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

through the internet, even after I

duty in a military combat zone.

 □ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

reasonably tried to do so. Active duty. I am currently on active military

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Debtor 1  Part 6: |  | Mikayla J Avery  | Case number (if known) |  |       |  |         |  |  |
|-------------------|--|--|------------------------|--|-------|--|---------|--|--|
|                   |  | Answer These Questions for Reporting Purposes  |                        |  |       |  |         |  |  |
| 16.               | What ki<br>have?                                     | What kind of debts do you<br>nave?   |                        |  |       | sumer debts? Consumer de imarily for a personal, family,   |         | re defined in 11 U.S.C. § 101(8) usehold purpose."   |  |
|                   |  |  | 16b.                   | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17. |       |  |         |  |  |
|                   |  |  | 100.                   |  | u owe | e that are not consumer or bus   | 3111033 | s debis.   |  |
| 17.               | Are you<br>Chapte                                    | u filing under<br>r 7?   |                        | No. I am not filing under  | Chap  | oter 7. Go to line 18.   |         |  |  |
|                   | any exe<br>exclude<br>adminis<br>are paid<br>availab | estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors? | $\square$              | -  |       | •  | -       | xempt property is excluded and to distribute to unsecured creditors?   |  |
| 18.               |  | any creditors do<br>timate that you  |                        | 1-49<br>50-99<br>100-199<br>200-999  |       | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |         | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |  |
| 19.               |  | uch do you<br>te your assets to<br>th?   |                        | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   |       | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |         | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |
| 20.               |  | uch do you<br>te your liabilities to   |                        | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   |       | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |         | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |

| Debtor 1 | Mikayla J Avery |  | Case number (if known)  |  |  |  |  |
|----------|-----------------|--|---|--|--|--|--|
| Part 7:  | Sign Below      |  |   |  |  |  |  |
| For you  |                 | I have examined this petition, and I declarand correct.  | are under penalty of perjury that the information provided is true  |  |  |  |  |
|          |                 | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |   |  |  |  |  |
|          |                 | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |   |  |  |  |  |
|          |                 | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |   |  |  |  |  |
|          |                 | •  | concealing property, or obtaining money or property by fraud in esult in fines up to \$250,000, or imprisonment for up to 20 years, and 3571. |  |  |  |  |
|          |                 | X /s/ Mikayla J Avery  | x   |  |  |  |  |
|          |                 | Mikayla J Avery, Debtor 1  | Signature of Debtor 2   |  |  |  |  |
|          |                 | Executed on 12/09/2019   | Executed on   |  |  |  |  |
|          |                 | MM / DD / YYYY   | MM / DD / YYYY  |  |  |  |  |

| Debtor 1  | Mikayla J Avery                           |  | _ Case number (if knowr  | n)  |
|-----------|---|--|--|---|
| represent | not represented by<br>ey, you do not need | I, the attorney for the debtor(s) named in this eligibility to proceed under Chapter 7, 11, 12 relief available under each chapter for which the debtor(s) the notice required by 11 U.S.C certify that I have no knowledge after an inquis incorrect. | , or 13 of title 11, United State the person is eligible. I also C. § 342(b) and, in a case in v | tes Code, and have explained the certify that I have delivered to which § 707(b)(4)(D) applies, |
|           |   | X /s/ Dorothy K Lawrence Signature of Attorney for Debtor  | Date   | 12/09/2019<br>MM / DD / YYYY  |
|           |   | Dorothy K Lawrence   |  |   |
|           |   | Printed name   |  |   |
|           |   | Dorothy Butler Law Firm  |  |   |
|           |   | Firm Name  |  |   |
|           |   | 28515 Ranch Road 12  |  |   |
|           |   | Number Street  |  |   |
|           |   |  |  |   |
|           |   | Dripping Springs   | <u>TX</u>  | 78620   |
|           |   | City   | State  | ZIP Code  |
|           |   | Contact phone (512) 699-5632   | Email address doroth   | y@dorothybutlerlawfirm.com  |
|           |   | 24072015   | TX   |   |
|           |   | Bar number   | State  | _   |

| Fill in this info                | ormation to i    | dentify your case | and this filing:  |   |   |
|----------------------------------|------------------|-------------------|---|---|---|
|                                  | Mikayla          | J                 | Avery   |   |   |
|                                  | First Name       | Middle Name       | Last Name   |   |   |
| Debtor 2<br>(Spouse, if filing)  | First Name       | Middle Name       | Last Name   |   |   |
| United States Ban                | kruptcy Court fo | r the: WESTERN DI | STRICT OF TEXAS   |   |   |
| Case number                      |                  |                   |   | ☐ Chook   | if this is an   |
| (if known)                       |                  |                   | _   |   | if this is an<br>ded filing                             |
| Official Form                    | 106A/B           |                   |   |   |   |
| Schedule A/I                     |                  | y                 |   |   | 12/15   |
| Part 1: Des                      | cribe Each F     | Residence, Buildi | mg, Land, or Other Real Es  | tate You Own or Have                                    |   |
| ✓ No. Go to                      |                  | ·                 | t in any residence, building, land  | , or similar property?                                  |   |
|                                  | -                | •                 | of your entries from Part 1, inclurite that number here                               | _   | \$0.00  |
| Part 2: Des                      | cribe Your V     | ehicles           |   |   |   |
| you own that someo               | ne else drives.  | •                 | n any vehicles, whether they are<br>also report it on Schedule G: Exec<br>motorcycles | •   | •   |
| Yes                              |                  |                   |   |   |   |
| 3.1.<br>Make:                    | Volkswage        |                   | an interest in the property? e.   | Do not deduct secured clai<br>amount of any secured cla | ims or exemptions. Put the<br>ims on <i>Schedule D:</i> |
| Model:                           | Beetle           | <b>☑</b> Debto    | or 1 only   | Creditors Who Have Claim                                |   |
| Year:                            | 2017             |                   | or 2 only<br>or 1 and Debtor 2 only   | Current value of the entire property?                   | Current value of the portion you own?                   |
| Approximate mileag               | e: <b>36,787</b> | _                 | ast one of the debtors and another  | \$11,000.00   | \$11,000.00   |
| Other information:               |                  | _                 |   | · · ·   | · · ·   |
| 2017 Volkswager<br>36 787 miles) | n Beetle (appr   |                   | k if this is community property   |   |   |

| Deb | otor 1 Mikayla J A                     | very Case number (if known)   |   |
|-----|--|---|---|
| 4.  |  | motor homes, ATVs and other recreational vehicles, other vehicles, and accessories ilers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories |   |
| 5.  | Add the dollar value                   | of the portion you own for all of your entries from Part 2, including any u have attached for Part 2. Write that number here  | \$11,000.00   |
| D.  |  | Your Personal and Household Items   |   |
|     |  | legal or equitable interest in any of the following items?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6.  | _ N                                    | nd furnishings<br>liances, furniture, linens, china, kitchenware  |   |
|     | Yes. Describe                          | Microwave, dresser, nightstand, bed   | \$550.00  |
| 7.  | music col                              | ns and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; ections; electronic devices including cell phones, cameras, media players, games | _   |
|     | ☐ No<br>✓ Yes. Describe                | Television, stereo receiver, speakers, computer   | \$3,300.00  |
| 8.  | •                                      | and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; in, or baseball card collections; other collections, memorabilia, collectibles   | _   |
|     | ☐ No<br>☑ Yes. Describe                | Books, figurines, movies  | \$900.00  |
| 9.  |  | s and hobbies notographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; nd kayaks; carpentry tools; musical instruments                    | _   |
|     | ☐ No<br>☑ Yes. Describe                | Cameras   | \$500.00  |
| 10. | Firearms Examples: Pistols, rif        | les, shotguns, ammunition, and related equipment  | _   |
|     | ✓ No ☐ Yes. Describe                   |   | <u> </u>  |
| 11. | Clothes Examples: Everyday  ☐ No       | clothes, furs, leather coats, designer wear, shoes, accessories   | _   |
|     | Yes. Describe                          | Clothing and shoes  | \$800.00  |
| 12. | Jewelry Examples: Everyday gold, silve | jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems  | ,   |
|     | ☐ No<br>☑ Yes. Describe                | Jewelry   | \$25.00   |

| Deb | tor 1 M                         | ikayla J Avery                                |           |  | Case number (if known)     |   |
|-----|---------------------------------|---|-----------|--|----------------------------|---|
| 13. | Non-farm<br>Examples            | animals Dogs, cats, birds, ho                 | orses     |  |                            |   |
|     | ✓ No<br>☐ Yes. I                | Describe                                      |           |  |                            |   |
| 14. | Any other                       | •   | hold ite  | ems you did not already list, including an   | y health aids you          |   |
|     |                                 | Give specific ation                           |           |  |                            | ]   |
| 15. |                                 |   |           | ries from Part 3, including any entries for  |                            | \$6,075.00  |
| Pa  | art 4:                          | Describe Your Fi                              | nancia    | al Assets  | •                          |   |
| Doy | ou own or                       | have any legal or ec                          | quitable  | interest in any of the following?  |                            | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash<br>Examples                | Money you have in y petition                  | our wall  | let, in your home, in a safe deposit box, and  | on hand when you file your |   |
|     | ✓ No<br>☐ Yes                   |   |           |  | Cash:                      |   |
| 17. | <b>Deposits</b> <i>Examples</i> | Checking, savings, o                          |           | financial accounts; certificates of deposit; s<br>r similar institutions. If you have multiple ac  |                            |   |
|     | □ No<br>☑ Yes                   |   | In        | nstitution name:   |                            |   |
|     | 17.1.                           | Checking account:                             | <u>c</u>  | Chase Checking account   |                            | \$2,408.00  |
|     | 17.2.                           | Certificates of depo                          | osit: C   | Creekside at Kenney Fort Security De   | eposit                     | \$600.00  |
| 18. |                                 | utual funds, or public<br>Bond funds, investm |           | ed stocks<br>ounts with brokerage firms, money market a  | accounts                   |   |
|     | ✓ No<br>☐ Yes                   | Inst  | itution o | or issuer name:  |                            |   |
| 19. | -                               | cly traded stock and<br>t in an LLC, partners |           | ets in incorporated and unincorporated build in the state of the state | usinesses, including       |   |
|     | inform                          | Give specific ation about                     | no of an  | otin c   | % of ownership:            |   |
|     | inem                            | Nan   | ne of en  | iuty.  | % or ownership:            |   |

| Deb | tor 1            | Mikayla J Avery  | Case number (if known)                             |  |
|-----|------------------|--|--|--|
| 20. | Negotia          | nment and corporate bonds and other negotiable and able instruments include personal checks, cashiers' che egotiable instruments are those you cannot transfer to so | cks, promissory notes, and money orders.           |  |
|     | inf              | os. Give specific ormation about emlssuer name:  |  |  |
| 21. |                  | ment or pension accounts  bles: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thri  profit-sharing plans   | ift savings accounts, or other pension or          |  |
|     |                  | o<br>es. List each<br>count separately.    Type of account:         Institution na   | ame:   |  |
|     |                  | 401(k) or similar plan: 403(b)   |  | \$8,375.06   |
| 22. | Your sl<br>Examp | ity deposits and prepayments hare of all unused deposits you have made so that you r bles: Agreements with landlords, prepaid rent, public utili unies, or others    |  |  |
|     | ✓ No             | osInstitution name   | or individual:                                     |  |
| 23. | <b>☑</b> No      |  | ry to you, either for life or for a number of year | irs)   |
| 24. | Interes          | s Issuer name and description: sts in an education IRA, in an account in a qualified A   | ABLE program, or under a qualified state tu        | uition program.  |
|     | <b>☑</b> No      |  |  |  |
|     | ☐ Ye             | Institution name and description.  | Separately file the records of any interests. 1    | 11 U.S.C. § 521(c)   |
| 25. |                  | s, equitable or future interests in property (other than<br>s exercisable for your benefit   | anything listed in line 1), and rights or          |  |
|     |                  | es. Give specific ormation about them  |  |  |
| 26. |                  | es, copyrights, trademarks, trade secrets, and other in oles: Internet domain names, websites, proceeds from ro  |  |  |
|     |                  | es. Give specific  |  |  |
| 27. | Licens           | ses, franchises, and other general intangibles bles: Building permits, exclusive licenses, cooperative as  | ssociation holdings, liquor licenses, professio    | onal licenses  |
|     |                  | es. Give specific ormation about them  |  |  |
| Mor |                  | property owed to you?  |  | Current value of the   |
|     | <b>.</b> , p     |  |  | portion you own? Do not deduct secured claims or exemptions. |
| 28. |                  | funds owed to you  |  |  |
|     | ✓ No             | es. Give specific information  |  | Federal:   |
|     | ab               | out them, including whether  |  |  |
|     | -                | u already filed the returns d the tax years  |  | State:   |

| Deb | otor 1 Mikayla J Avery   | Case number (if known)                                     |
|-----|--|--|
| 29. | Family support  Examples: Past due or lump sum alimony, spousal support, child supp  | port, maintenance, divorce settlement, property settlement |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>  | Alimony:   |
|     | Tes. Give specific information   | Maintenance:   |
|     |  | Support:   |
|     |  | Divorce settlement:  |
|     |  | Property settlement:                                       |
| 20  | Other amounts company ourse you  |  |
| 30. | Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability ber compensation, Social Security benefits; unpaid loans you remaind the compensation of |  |
|     | ✓ No  ☐ Yes. Give specific information   |  |
|     |  |  |
| 31. | Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account   | (HSA); credit, homeowner's, or renter's insurance          |
|     | ☑ No   |  |
|     | Yes. Name the insurance company of each policy and list its value Company name:  | Beneficiary: Surrender or refund value:                    |
| 32. | Any interest in property that is due you from someone who has di-<br>If you are the beneficiary of a living trust, expect proceeds from a life in<br>entitled to receive property because someone has died   |  |
|     | ☑ No   |  |
|     | Yes. Give specific information   |  |
| 33. | Claims against third parties, whether or not you have filed a lawsu Examples: Accidents, employment disputes, insurance claims, or right   |  |
|     | ✓ No  Yes. Describe each claim   |  |
|     | Test. Describe each starring.  |  |
| 34. | Other contingent and unliquidated claims of every nature, including rights to set off claims   | ng counterclaims of the debtor and                         |
|     | ✓ No  Yes. Describe each claim   |  |
| 35. | Any financial assets you did not already list  |  |
|     | <b>☑</b> No  |  |
|     | Yes. Give specific information   |  |
| 36. | Add the dollar value of all of your entries from Part 4, including an attached for Part 4. Write that number here  |  |
| Pa  | art 5: Describe Any Business-Related Property You O  | wn or Have an Interest In. List any real estate in Part 1  |
| 37. | Do you own or have any legal or equitable interest in any business   | s-related property?  |
|     | ✓ No. Go to Part 6.  ☐ Yes. Go to line 38.   |  |

| Deb | tor 1         | Mikayla J Avery  | Case number  | er (if known)   |
|-----|---------------|--|--|---|
|     |               |  |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accoun        | ts receivable or comm  | issions you already earned   |   |
|     | ✓ No<br>☐ Yes | . Describe   |  |   |
| 39. |               | quipment, furnishings,<br>es: Business-related cor<br>desks, chairs, electro | mputers, software, modems, printers, copiers, fax machines, rug                              | s, telephones,  |
|     | ✓ No<br>☐ Yes | . Describe   |  |   |
| 40. | Machine       | ery, fixtures, equipmen  | nt, supplies you use in business, and tools of your trade                                    |   |
|     | ✓ No<br>☐ Yes | . Describe   |  |   |
| 41. | Invento       | ry   |  |   |
|     | ✓ No<br>☐ Yes | . Describe   |  |   |
| 42. | Interest      | s in partnerships or joi   | int ventures   |   |
|     | ✓ No<br>☐ Yes | . Describe Name of   | entity:  | % of ownership:   |
| 43. | Custom        | er lists, mailing lists, o   | or other compilations  |   |
|     | ✓ No<br>☐ Yes | . Do your lists include No Yes. Describe                                     | personally identifiable information (as defined in 11 U.S.C. §                               | 101(41A))?  |
| 44. | Any bus       | siness-related property  | you did not already list   |   |
|     | ✓ No<br>☐ Yes | . Give specific informati  | ion.   |   |
| 45. |               |  | our entries from Part 5, including any entries for pages you number here                     |   |
| Pa  |               |  | n- and Commercial Fishing-Related Property You<br>n interest in farmland, list it in Part 1. | Own or Have an Interest In.   |
| 46. | Do you        | own or have any legal  | or equitable interest in any farm- or commercial fishing-rela                                | ted property?   |
|     | _             | Go to Part 7 Go to line 47.  |  |   |

| Deb | tor 1         | Mikayla J Avery      | <u> </u>   | Case number (if known)              |   |
|-----|---------------|----------------------|--|-------------------------------------|---|
| 47  | Farm 0        | simala.              |  |                                     | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm au       |                      | try, farm-raised fish  |                                     |   |
|     | ✓ No<br>☐ Yes |                      | ,  |                                     | ]   |
| 48. | Crops         | either growing or    | harvested  |                                     |   |
|     |               | . Give specific      |  |                                     |   |
| 49. | Farm a        | nd fishing equipme   | ent, implements, machinery, fixtures, ar                               | d tools of trade                    |   |
|     | ✓ No<br>☐ Yes |                      |  |                                     |   |
| 50. | Farm a        | nd fishing supplies  | s, chemicals, and feed   |                                     |   |
|     | ✓ No<br>☐ Yes |                      |  |                                     | ]   |
| 51. | Any far       | m- and commercia     | al fishing-related property you did not al                             | ready list                          |   |
|     |               | . Give specific      |  |                                     |   |
| 52. |               |                      | l of your entries from Part 6, including a                             |                                     | \$0.00  |
| Pa  | art 7:        | Describe All Pr      | operty You Own or Have an Inte   | rest in That You Did Not List Above | 9   |
| 53. | -             |                      | rty of any kind you did not already list?<br>, country club membership |                                     |   |
|     | ✓ No<br>☐ Yes | . Give specific info | ormation.  |                                     |   |
| 54. | Add the       | dollar value of all  | l of your entries from Part 7. Write that                              | number here                         | \$0.00  |

| Debtor 1 |         | Mikayla J Avery   | Case number (if known) |                              |   |             |  |  |
|----------|---------|---|------------------------|------------------------------|---|-------------|--|--|
| Р        | art 8:  | List the Totals of Each Part of this Form               |                        |                              |   |             |  |  |
| 55.      | Part 1: | Total real estate, line 2                               |                        | →                            | , | \$0.00      |  |  |
| 56.      | Part 2: | Total vehicles, line 5                                  | \$11,000.00            |                              |   |             |  |  |
| 57.      | Part 3: | Total personal and household items, line 15             | \$6,075.00             |                              |   |             |  |  |
| 58.      | Part 4: | Total financial assets, line 36                         | \$11,383.06            |                              |   |             |  |  |
| 59.      | Part 5: | Total business-related property, line 45                | \$0.00                 |                              |   |             |  |  |
| 60.      | Part 6: | Total farm- and fishing-related property, line 52       | \$0.00                 |                              |   |             |  |  |
| 61.      | Part 7: | Total other property not listed, line 54                | +\$0.00                |                              |   |             |  |  |
| 62.      | Total p | personal property. Add lines 56 through 61              | \$28,458.06            | Copy personal property total | + | \$28,458.06 |  |  |
| 63.      | Total c | of all property on Schedule A/B. Add line 55 + line 62. |                        |                              |   | \$28,458.06 |  |  |

| Fill in this in   | formation to i   | dentify your   | case:  |                               |   |   |  |            |
|---|--|--|--|-------------------------------|---|---|--|------------|
| Debtor 1  | Mikayla  | J  | Avery  |                               |   |   |  |            |
| Debtor 2  | First Name   | Middle Nam   | e Last Name  |                               |   |   |  |            |
| (Spouse, if filing  |  | Middle Nam   |  |                               |   |   |  |            |
| United States Ba  | ankruptcy Court fo   | r the: WESTER  | N DISTRICT OF TE   | EXA                           | S   |   | Check if this is an  |            |
| Case number (if known)  |  |  |  |                               |   |   | amended filing   |            |
| Official Forn   | n 106C   |  |  |                               |   |   |  |            |
| Schedule C  | : The Prope  | erty You Cl  | laim as Exemp  | ot                            |   |   |  | 04/19      |
| Using the property space is needed,   | y you listed on Scl  | hedule A/B: Prop<br>to this page as m                                    | perty (Official Form 100   | 6A/B                          | ) as your so  | urce, list the                                      | esponsible for supplying correct info<br>e property that you claim as exemp<br>ssary. On the top of any additional   | t. If more |
| is to state a spec<br>exempted up to t<br>receive certain b<br>exemption of 100 | cific dollar amoun<br>the amount of any<br>enefits, and tax-e<br>0% of fair market | t as exempt. Al<br>applicable stat<br>xempt retireme<br>value under a la | Iternatively, you may<br>tutory limit. Some ex<br>nt fundsmay be unl | clai<br>cemp<br>imite<br>mpti | m the full fa<br>otionssuch<br>ed in dollar<br>on to a part | ir market v<br>as those<br>amount. F<br>icular doll | you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an ar amount and the value of the le statutory amount. |            |
| Part 1: Ide   | entify the Prop  | perty You Cla  | aim as Exempt  |                               |   |   |  |            |
| 1. Which set of   | f exemptions are   | you claiming?  | Check one only,  | even                          | if your spou  | ıse is filing                                       | with you.  |            |
|   | claiming state and claiming federal e  |  | nkruptcy exemptions.<br>U.S.C. § 522(b)(2)                           | 11 U                          | .S.C. § 522(  | b)(3)   |  |            |
| 2. For any prop   | perty you list on a  | Schedule A/B th  | nat you claim as exer  | npt,                          | fill in the int   | ormation  | below.   |            |
|   | of the property a<br>at lists this prope   |  | Current value of the portion you own                                 |                               | ount of the<br>emption you                                  | claim   | Specific laws that allow exemp   | otion      |
|   |  |  | Copy the value from<br>Schedule A/B                                  |                               | eck only one<br>ch exemption                                |   |  |            |
| Brief description: 2017 Volkswag miles) (1st exemption Line from Schedu         | claimed for this   |  | \$11,000.00  |                               | \$1,46<br>100% of fa<br>value, up t<br>applicable<br>limit  | ir market<br>o any                                  | 11 U.S.C. § 522(d)(2)  |            |
| Brief description:  |  |  | \$11,000.00  | <b>V</b>                      | \$0.  | 00  | 11 U.S.C. § 522(d)(5)  |            |
| 2017 Volkswag<br>miles)<br>(2nd exemption<br>Line from Schedu                   | n claimed for th   |  |  |                               | 100% of fa<br>value, up t<br>applicable<br>limit            | o any   |  |            |
| (Subject to a  ✓ No   | _  | /22 and every 3 y  | more than \$170,3501 years after that for cas                        | ses fi                        |   |   |  |            |

| Debtor 1 Mikayla J Avery   |  | Case numbe   | r (if known)                       |
|--|--|--|------------------------------------|
| Part 2: Additional Page  |  |  |                                    |
| Brief description of the property and line on Schedule A/B that lists this property          | Current value of<br>the portion you<br>own | Amount of the exemption you claim  | Specific laws that allow exemption |
|  | Copy the value from<br>Schedule A/B        | Check only one box for each exemption                                      |                                    |
| Brief description:  Microwave, dresser, nightstand, bed  Line from Schedule A/B: 6           | <u>\$550.00</u>                            | \$550.00  100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)              |
| Brief description: Television, stereo receiver, speakers, computer Line from Schedule A/B:7  | \$3,300.00                                 | \$3,300.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3)              |
| Brief description:  Books, figurines, movies  Line from Schedule A/B:8                       | \$900.00                                   | \$900.00 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(3)              |
| Brief description:  Cameras  Line from Schedule A/B: 9                                       | \$500.00                                   | \$500.00 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(3)              |
| Brief description: Clothing and shoes Line from Schedule A/B:11                              | \$800.00                                   | \$800.00 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(3)              |
| Brief description:  Jewelry (1st exemption claimed for this asset) Line from Schedule A/B:12 | \$25.00                                    | \$25.00 100% of fair market value, up to any applicable statutory limit    | 11 U.S.C. § 522(d)(4)              |
| Brief description:  Jewelry (2nd exemption claimed for this asset)  Line from Schedule A/B:  | \$25.00                                    | \$0.00 100% of fair market value, up to any applicable statutory limit     | 11 U.S.C. § 522(d)(5)              |
| Brief description:  Chase Checking account  Line from Schedule A/B:                          | \$2,408.00                                 | \$2,408.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5)              |
| Brief description:  Creekside at Kenney Fort Security Depos Line from Schedule A/B: 17.2     | \$600.00<br>sit                            | \$600.00 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(5)              |

| Debtor 1  | Mikayla J Avery |  | Case number                                 | (if known)                         |  |
|---|-----------------|--|---|------------------------------------|--|
| Part 2:   | Additional Page |  |   |                                    |  |
| Brief description of the property and line on Schedule A/B that lists this property |                 | Current value of<br>the portion you<br>own | Amount of the exemption you claim           | Specific laws that allow exemption |  |
|   |                 | Copy the value from<br>Schedule A/B        | Check only one box for each exemption       |                                    |  |
| Brief descrip<br>403(b)   | tion:           | \$8,375.06                                 | \$8,375.06<br>100% of fair market           | 11 U.S.C. § 522(b)(3)(C)           |  |
| Line from So  | hedule A/B: 21  |  | value, up to any applicable statutory limit |                                    |  |

# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Mikayla J Avery CASE NO

CHAPTER 7

Scheme Selected: Federal

# SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

### **Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

| No. | Category  | Gross<br>Property Value | Total<br>Encumbrances | Total<br>Equity | Total Amount<br>Exempt | Total Amount<br>Non-Exempt |
|-----|---|-------------------------|-----------------------|-----------------|------------------------|----------------------------|
| 1.  | Real property   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 3.  | Motor vehicles (cars, etc.)                           | \$11,000.00             | \$9,540.00            | \$1,460.00      | \$1,460.00             | \$0.00                     |
| 4.  | Water/Aircraft, Motor Homes,<br>Rec. veh. and access. | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 6.  | Household goods and furnishings                       | \$550.00                | \$0.00                | \$550.00        | \$550.00               | \$0.00                     |
| 7.  | Electronics   | \$3,300.00              | \$0.00                | \$3,300.00      | \$3,300.00             | \$0.00                     |
| 8.  | Collectibles of value                                 | \$900.00                | \$0.00                | \$900.00        | \$900.00               | \$0.00                     |
| 9.  | Equipment for sports and hobbies                      | \$500.00                | \$0.00                | \$500.00        | \$500.00               | \$0.00                     |
| 10. | Firearms  | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 11. | Clothes   | \$800.00                | \$0.00                | \$800.00        | \$800.00               | \$0.00                     |
| 12. | Jewelry   | \$25.00                 | \$0.00                | \$25.00         | \$25.00                | \$0.00                     |
| 13. | Non-farm animals                                      | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 14. | Unlisted pers. and household itemsincl. health aids   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 16. | Cash  | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 17. | Deposits of money                                     | \$3,008.00              | \$0.00                | \$3,008.00      | \$3,008.00             | \$0.00                     |
| 18. | Bonds, mutual funds or publicly traded stocks         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 19. | Non-pub. traded stock and int. in businesses          | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 20. | Govt. and corp. bonds and other instruments           | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 21. | Retirement or pension accounts                        | \$8,375.06              | \$0.00                | \$8,375.06      | \$8,375.06             | \$0.00                     |
| 22. | Security deposits and prepayments                     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 23. | Annuities   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 24. | Interests in an education IRA                         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 25. | Trusts, equit. or future int. (not in line 1)         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 26. | Patents, copyrights, and other intellectual prop.     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 27. | Licenses, franchises, other general intangibles       | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 28. | Tax refunds owed to you                               | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
|     |   |                         |                       |                 |                        |                            |

# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Mikayla J Avery CASE NO

CHAPTER 7

Scheme Selected: Federal

\$0.00

# SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

**Exemption Totals by Category:** 

TOTALS:

(Values and liens of surrendered property are NOT included in this section)

| No. | Category  | Gross<br>Property Value | Total<br>Encumbrances | Total<br>Equity | Total Amount<br>Exempt | Total Amount<br>Non-Exempt |
|-----|---|-------------------------|-----------------------|-----------------|------------------------|----------------------------|
| 29. | Family support                                      | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 30. | Other amounts someone owes you                      | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 31. | Interests in insurance policies                     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 32. | Any int. in prop. due you from someone who has died | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 33. | Claims vs. third parties, even if no demand         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 34. | Other contin. and unliq. claims of every nature     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 35. | Any financial assets you did not already list       | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 38. | Accounts rec. or commissions you already earned     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 39. | Office equipment, furnishings, and supplies         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 40. | Mach., fixt., equip., bus. suppl., tools of trade   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 41. | Inventory   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 42. | Interests in partnerships or joint ventures         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 43. | Customer and mailing lists, or other compilations   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 44. | Any business-related property not already listed    | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 47. | Farm animals  | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 48. | Cropseither growing or harvested                    | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 49. | Farm/fishing equip., impl., mach., fixt., tools     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 50. | Farm and fishing supplies, chemicals, and feed      | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 51. | Farm/commercial fishing-related prop. not listed    | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 53. | Any other property of any kind not already listed   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
|     |   |                         |                       |                 |                        |                            |

\$9,540.00

\$18,918.06

\$18,918.06

\$28,458.06

# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Mikayla J Avery CASE NO

CHAPTER 7

# SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 2

#### **Surrendered Property:**

TOTALS:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

**Property Description Market Value** Lien **Equity Real Property** (None) **Personal Property** (None) \$0.00 \$0.00 \$0.00 TOTALS: Non-Exempt Property by Item: The following property, or a portion thereof, is non-exempt. **Property Description Market Value** Lien **Equity** Non-Exempt Amount **Real Property** (None) **Personal Property** (None)

\$0.00

\$0.00

\$0.00

\$0.00

| Summary  |             |
|--|-------------|
| A. Gross Property Value (not including surrendered property)                     | \$28,458.06 |
| B. Gross Property Value of Surrendered Property                                  | \$0.00      |
| C. Total Gross Property Value (A+B)  | \$28,458.06 |
| D. Gross Amount of Encumbrances (not including surrendered property)             | \$9,540.00  |
| E. Gross Amount of Encumbrances on Surrendered Property                          | \$0.00      |
| F. Total Gross Encumbrances (D+E)  | \$9,540.00  |
| G. Total Equity (not including surrendered property) / (A-D)                     | \$18,918.06 |
| H. Total Equity in surrendered items (B-E)                                       | \$0.00      |
| I. Total Equity (C-F)  | \$18,918.06 |
| J. Total Exemptions Claimed (Wild Card Used: \$3,008.00, Available: \$10,892.00) | \$18,918.06 |
| K. Total Non-Exempt Property Remaining (G-J)                                     | \$0.00      |

| Fill in this inf   | formation to ic  | lentify your case   |  |                               |  |         |
|--|--|---|--|-------------------------------|--|---------|
| Debtor 1   | Mikayla  | J   | Avery  |                               |  |         |
|  | First Name   | Middle Name   | Last Name  |                               |  |         |
| Debtor 2<br>(Spouse, if filing)  | First Name   | Middle Name   | Last Name  |                               |  |         |
| United States Ba   | inkruptcy Court for  | the: WESTERN DIS  | STRICT OF TEXAS  |                               |  |         |
| Case number  |  |   |  |                               | ☐ Check if this is   | s an    |
| (if known)   |  |   |  |                               | amended filing   |         |
| Official Form  | 106D   |   |  |                               |  |         |
| Schedule D   | : Creditors  | Who Have Cla  | ims Secured b  | y Property                    |  | 12/15   |
| correct informatic On the top of any  1. Do any credi No. Che Yes. Fill  Part 1: Lis  2. List all secur claim, list the creditor has a | on. If more space additional pages tors have claims eck this box and sure in all of the information of the claims. If a creditor separately a particular claim, li | is needed, copy the write your name an secured by your properties this form to the contation below. | Additional Page, fill it d case number (if kno perty?  court with your other schools secured one secured one than one n Part 2. As | out, number the entri<br>wn). | ly responsible for supies, and attach it to thing else to report on the Column B  Value of collateral that supports this | s form. |
| creditor's nam   |  |   | according to ano   | value of collateral           | claim  | If any  |
| 2.1  |  | Describe the<br>secures the   | property that claim:   | \$9,540.00                    | \$11,000.00  |         |
| Volkswagen Creditor's name Attn: Bankrupto Number Street PO Box 3  |  | 2017 Volks  | wagen Beetle   |                               |  |         |
|  |  |   | e you file, the claim is   | : Check all that apply.       |  |         |
| Hillboro   | OR 97123   | Continge Unliquida  |  |                               |  |         |
| City   | State ZIP Code   | Disputed  |  |                               |  |         |
| Who owes the del   | bt? Check one.   |   | n. Check all that apply  |                               |  |         |
| Debtor 2 only  |  | _   | ment you made (such a<br>lien (such as tax lien, n   |                               | l car loan)  |         |
| Debtor 1 and D   | •  | ☐ Judgmen   | t lien from a lawsuit  | nechanic s nem                |  |         |
| At least one of  | the debtors and a  | nother 🖵 -  | cluding a right to offset)   |                               |  |         |
| Check if this of to a communi  |  | Automo  | bile   |                               |  |         |
| Date debt was inc  | urred <u>11/2017</u>   | Last 4 digits   | of account number  | 2 0 3 7                       |  |         |
| Add the dollar val   | lue of your entries  | s in Column A on this   | s page. Write  |                               | ٦  |         |
| that number here:  | -  | Goldinii A Oli tilis  | s page. Wille  | \$9,540.00                    |  |         |

Official Form 106D

all pages. Write that number here:

If this is the last page of your form, add the dollar value totals from

\$9,540.00

| Fill in this inf  | ormation to i   | identify your ca   | ase:   |  |   |                                   |
|---|---|--|--|--|---|-----------------------------------|
| Debtor 1  | Mikayla   | J  | Avery  |  |   |                                   |
|   | First Name  | Middle Name  | Last Name  |  |   |                                   |
| Debtor 2  | =   |  |  |  |   |                                   |
| (Spouse, if filing)                                     | First Name  | Middle Name  | Last Name  |  |   |                                   |
| United States Ba  | nkruptcy Court fo   | or the: WESTERN  | DISTRICT OF TEXAS  |  |   |                                   |
| Case number<br>(if known)                               |   |  |  |  | Check if this amended filing              |                                   |
| Official Form   | 106E/F  |  |  |  |   |                                   |
| Schedule E/   | F: Credito  | rs Who Have  | Unsecured Claims   |  |   | 12/15                             |
| Do not include an If more space is n to this page. On t | y creditors with<br>needed, copy the<br>the top of any ac | n partially secured<br>e Part you need, fil<br>dditional pages, w  | and on Schedule G: Executory Co-<br>claims that are listed in Schedul-<br>Il it out, number the entries in the<br>rite your name and case number<br>secured Claims | e D: Creditors Who I<br>boxes on the left. A     | lold Claims Sec                           | cured by Property.                |
|   |   | ty unsecured clain   |  |  |   |                                   |
|   | •   | ly unsecured ciam  | is against you!  |  |   |                                   |
| ✓ No. Go t  ✓ Yes.                                      | IO Pail 2.  |  |  |  |   |                                   |
| claim. For ea<br>show both prid<br>more space is        | ch claim listed, id<br>ority and nonprio                  | dentify what type of<br>rity amounts. As m<br>rity unsecured clain | creditor has more than one priority claim it is. If a claim has both priouch as possible, list the claims in ans, fill out the Continuation Page of                | rity and nonpriority am<br>Iphabetical order acc | nounts, list that coording to the creater | laim here and<br>ditor's name. If |
| (For an explar  | nation of each typ  | pe of claim, see the   | instructions for this form in the ins  | truction booklet.  Total claim                   | Priority<br>amount                        | Nonpriority amount                |
| 2.1   |   |  |  |  | amount                                    | amount                            |
|   |   |  | Last 4 digits of account number  |  |   |                                   |
| Priority Creditor's Nam                                 | 16  |  | When was the debt incurred?  |  |   |                                   |
| Number Street   |   |  | when was the dept incurred:  |  | _   |                                   |
|   |   |  | As of the date you file, the claim   | is: Check all that ap                            | ply.                                      |                                   |
|   |   |  | Contingent Unliquidated  |  |   |                                   |
| O'th.   | 04-4-   | 710.0-1-   | Disputed   |  |   |                                   |
| City Who incurred the                                   | State Check   | ZIP Code   | Type of PRIORITY unsecured cl  | aim:   |   |                                   |
| Debtor 1 only   | debt. Oncor   | one.   | Domestic support obligations   | aiiii.   |   |                                   |
| Debtor 2 only   |   |  | Taxes and certain other debts  | you owe the governn                              | nent                                      |                                   |
| Debtor 1 and D  | Debtor 2 only<br>the debtors and                          | another  | Claims for death or personal i   | njury while you were                             |   |                                   |
| <b>—</b>  | claim is for a co   |  | intoxicated  ☐ Other. Specify  |  |   |                                   |
| Is the claim subje                                      |   | a, aobi  | LI Strict. Opcorry   |  |   |                                   |
| □ No  |   |  |  |  |   |                                   |
| Yes   |   |  |  |  |   |                                   |

| Debtor 1                            | Mikayla J Avery   | Case number (if known)   |             |
|-------------------------------------|---|--|-------------|
| Part 2:                             | List All of Your NONPRIORIT   | Y Unsecured Claims   |             |
| □ N                                 | es  | claims against you?  . Submit this form to the court with your other schedules.  in the alphabetical order of the creditor who holds each claim.   |             |
| If a cre<br>type of                 | editor has more than one nonpriority unse f claim it is. Do not list claims already inc | cured claim, list the creditor separately for each claim. For each claim listed luded in Part 1. If more than one creditor holds a particular claim, list the otlunescured claims, fill out the Continuation Page of Part 2.   | •           |
|                                     |   |  | Total claim |
| Attn: Ban                           | reditor's Name<br><b>kruptcy</b><br>Street  | Last 4 digits of account number 9 8 6 7  When was the debt incurred? 04/2016  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  | \$9,352.00  |
| Debtor Debtor Debtor At least Check | State ZIP Code red the debt? Check one. 1 only  | Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card |             |
| Yes 4.2 Chase Ca                    | Street  | Last 4 digits of account number 3 0 8 5 When was the debt incurred? 01/2012  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   | \$20,154.00 |
| Debtor Debtor Debtor At least Check | State ZIP Code  red the debt? Check one.  1 only  | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card                      |             |

| After fisting any entries on this page, number them sequentially from the previous page.  3.3  Chase Card Services Nopprinty Credition Name Attn: Bankruptor Name Attn: Bankruptor Nopprinty Credition Name PO Box 15298  Wilmington DE 19850 Ciby State 2/P Code Who incurred the debt? Or check one. Debtor 1 and Debtor 2 only Attn: Bankruptor Nopprinty Credition Name Nopprinty Credition Name Attn: Bankruptor Nopprinty Credition Name PO Box 15298  Last 4 digits of account number 6 4 9 3  When was the debt incurred? 03/2016 As of the date you flie, the claim is: Check all that apply. Credit Card  Student loans Collegations an airing out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Attn: Bankruptor  Wilmington DE 19850 Ciby State 2/P Code Wilmington DE 19850 Ciby Credit Card  Last 4 digits of account number 4 0 5 1 When was the debt incurred? 08/2010 As of the date you file, the claim is: Check all that apply. Contingent Undiquidated Disputed Debtor 1 and Debtor 2 only All sasts one of the debtors and another Check one. Debtor 2 only All sasts one of the debtors and another Check in this claim is for a community debt is the claim subject to offset?  When was the debt incurred? 08/2010  As of the date you file, the claim is: Check all that apply. Contingent Debtor 1 and Debtor 2 only All sasts one of the debtors and another Check in this claim is for a community debt is the claim subject to offset?  Who incurred the debt? Check if this claim is for a community debt is the claim subject to offset?  Who incurred the debt? Check if this claim is for a community debt is the claim subject to offset?  Who incurred the debt? Check if this claim is for a community debt is the claim subject to offset?  Who incurred the debtors and another Check one. Debtor 1 and Debtor 2 only Debto | Debtor 1 Mikayla J Avery                      | Case number (if known)  |                   |
|--|---|---|-------------------|
| Associated   Ass   | Part 2: Your NONPRIORITY Unsecu               | red Claims Continuation Page  |                   |
| Last 4 digits of account number 6 4 9 3  |   | m sequentially from the   | Total claim       |
| When was the debt incurred?   03/2016  | 4.3   |   | \$6,604.00        |
| Aftir: Bankruptcy Number Street PO Box 15298    Contingent   Contingen |   | Last 4 digits of account number6493_                                |                   |
| Contingent   Con   | Attn: Bankruptcy                              |   |                   |
| Uniquidated   Disputed   Disput   |   | <u> </u>  |                   |
| Wilmington   DE   1985   |   | Unliquidated  |                   |
| Who incurred the debt? Check one.   Student loans   Student    | Wilmington DE 19850                           | Disputed  |                   |
| Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 1 and Debtor 3 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Nonpriomity Creditor's Name   Debtor 1 only   Debtor 2 only   Debtor 2 only   Nonpriomity Creditor's Name   Debtor 2 only   Debtor 2 only   Nonpriomity Creditor's Name   Debtor 2 only   Debtor 2 only   Nonpriomity Creditor's Name   Debtor 2 only   Debtor 2 only   Debtor 2 only   Nonpriomity Creditor's Name   Debtor 2 only   Nonpriomity Creditor's Name   Debtor 2 only   Debtor 2 only   Nonpriomity Creditor's Name   Attn: Recovery/Centralized Bankruptcy   Nonpriomity Creditor's Name   Nonpr    | •   |   |                   |
| Debtor 1 and Debtor 2 only   | ✓ Debtor 1 only                               |   |                   |
| Check if this claim is for a community debt is the claim subject to offset?   No   Ves   Chase Card Services   Chase Card Service    | <b>□</b> 5 1                                  | that you did not report as priority claims                          |                   |
| Credit Card  |   |   |                   |
| A.4   State   Services   Last 4 digits of account number   4 0 5 1   Men was the debt incurred?   O8/2010   O8/201   | ☐ Check if this claim is for a community debt |   |                   |
| Ves  | •   |   |                   |
| Chase Card Services   Last 4 digits of account number  | <del></del> \/                                |   |                   |
| Chase Card Services   Last 4 digits of account number  |   |   | <b>\$0.450.00</b> |
| Nonpriority Creditor's Name   Attr: Bankruptcy   Number   Street   PO Box 15298   Street   Debtor 2 only   Debtor 1 and Debtor 2 only   Yes   Louis   Mo 63179   City   Street   PO Box 790034   Debtor 1 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 3 Name   Attr: Recovery/Centralized Bankruptcy   Nonpriority Creditor's Name   Attr: Recovery/Centralized Bankruptcy   Nonpriority Creditor's Name   Street   PO Box 790034   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 3 Name   Nonpriority Creditor's Name   Nonpriority Creditor's Name   Nonpriority Creditor's Name   Street   Nonpriority Creditor's Name   Street   Nonpriority Creditor's Name   Nonpriority Creditor's Name   Street   Nonpriority Creditor's Name   Nonpriority   |   | Last 4 digits of account number 4 0 5 1                             | \$2,156.00        |
| Number   Street   PO Box 15298   State   2   P Code   Disputed     | Nonpriority Creditor's Name                   | <del> </del>  |                   |
| Wilmington   DE   19850   Disputed   Disputed   Disputed   Disputed  |   |   |                   |
| Disputed   Disputed  | PO Box 15298                                  |   |                   |
| Type of NONPRIORITY unsecured claim:    Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as prio  |   |   |                   |
| Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset?  □ Nonprority Creditor's Name Atth: Recovery/Centralized Bankruptcy Number Street PO Box 790034  St Louis State ZIP Code Who incurred the debt? Check one. □ Debtor 1 and Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Credit Card □ Disputed □ Dispute  |   | Type of NONDRIGHTY ungequired claims                                |                   |
| Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  ✓ No Yes  4.5  Last 4 digits of account number 1 4 2 8 When was the debt incurred? 03/2016  As of the date you file, the claim is: Check all that apply.  Obliquidated Disputed  Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  \$13,888.00  \$13,888.00  \$13,888.00  Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 2 only Last 4 digits of account number 1 4 2 8 When was the debt incurred? 03/2016  As of the date you file, the claim is: Check all that apply.  Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card  | Who incurred the debt? Check one.             | •   |                   |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ No □ Yes □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ No   |   | Obligations arising out of a separation agreement or divorce        |                   |
| At least one of the debtors and another   Check if this claim is for a community debt is the claim subject to offset?    Other. Specify Credit Card  | <b>L</b> = 1.                                 |   |                   |
| Is the claim subject to offset?    No  | <b>—</b>                                      | ☑ Other. Specify  |                   |
| No   | <b>—</b>                                      | Credit Card   |                   |
| Yes   \$13,888.00   \$13,888.00  | •   |   |                   |
| Citibank Nonpriority Creditor's Name Attn: Recovery/Centralized Bankruptcy Number Street PO Box 790034  St Louis  MO 63179  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Last 4 digits of account number 1 4 2 8  When was the debt incurred? 03/2016  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card  |   |   |                   |
| Citibank  Nonpriority Creditor's Name  Attn: Recovery/Centralized Bankruptcy Number Street PO Box 790034  St Louis  Mo 63179  City State ZIP Code Who incurred the debt? Check one.  ☑ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset?  ☑ No  Last 4 digits of account number 1 4 2 8  When was the debt incurred? 03/2016  As of the date you file, the claim is: Check all that apply.  ☐ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card  | 4.5   |   | \$13.888.00       |
| Attn: Recovery/Centralized Bankruptcy  Number Street PO Box 790034  St Louis  Mo 63179  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No  Mo 63179  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card  | Citibank                                      | Last 4 digits of account number 1 4 2 8                             |                   |
| Number Street PO Box 790034  St Louis  MO 63179  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card   |   | When was the debt incurred? 03/2016                                 |                   |
| St Louis MO 63179  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No  No  No  No  No  State ZIP Code Disputed  Type of NONPRIORITY unsecured claim:  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card   | Number Street                                 |   |                   |
| St Louis MO 63179  City State ZIP Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No  No  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Credit Card  | PO BOX 790034                                 |   |                   |
| Type of NONPRIORITY unsecured claim:  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card  | St Louis MO 63179                             | Disputed  |                   |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card  | City State ZIP Code                           | Type of NONPRIORITY unsecured claim:                                |                   |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No   | _ 5   |   |                   |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? No  Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card   | Debtor 2 only                                 |   |                   |
| ☐ Check if this claim is for a community debt    Credit Card   | <b>L</b>                                      | ☐ Debts to pension or profit-sharing plans, and other similar debts |                   |
| Is the claim subject to offset?  ☑ №   | Charle if this slaim is fan a sammunitu daht  |   |                   |
| ☑ No   |   | ordan daru  |                   |
|  |   |   |                   |

| Debtor 1 Mikayla J Avery  | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecur  | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.                 | m sequentially from the   | Total claim |
| 4.6   |   | \$22,131.00 |
| Discover Financial  | Last 4 digits of account number 0 2 7 0   |             |
| Nonpriority Creditor's Name  Attn: Bankruptcy Department                          | When was the debt incurred? 04/2005   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 15316  | _ ☐ Contingent ☐ Unliquidated   |             |
|   | Disputed  |             |
| Wilmington         DE         19850           City         State         ZIP Code |   |             |
| Who incurred the debt? Check one.   | Student loans   |             |
| Debtor 1 only  Debtor 2 only  | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only  | that you did not report as priority claims  |             |
| At least one of the debtors and another   | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                          |             |
| ☐ Check if this claim is for a community debt                                     | Credit Card   |             |
| Is the claim subject to offset?   |   |             |
| ☑ No ☐ Yes  |   |             |
|   |   |             |
| 4.7   |   | \$269.00    |
| Diversified Consultants, Inc.   | _ Last 4 digits of account number <u>7 9 7 4</u>  |             |
| Nonpriority Creditor's Name  Attn: Bankruptcy                                     | When was the debt incurred? 09/2019   |             |
| Number Street PO Box 679543   | As of the date you file, the claim is: Check all that apply.  |             |
| FO BOX 079343   | _   |             |
| Dellas TV 75057   | Disputed  |             |
| Dallas         TX         75267           City         State         ZIP Code     | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.   | Student loans   |             |
| Debtor 1 only Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another   | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                                     | Collection Attorney   |             |
| Is the claim subject to offset?   |   |             |
| ☑ No<br>□ Yes   |   |             |
|   |   |             |
| 4.8   |   | \$14,145.00 |
| FedLoan Servicing Nonpriority Creditor's Name                                     | _ Last 4 digits of account number0002_  |             |
| Attn: Bankruptcy  | When was the debt incurred? 08/2007   |             |
| Number Street PO Box 69184  | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ ☐ Contingent ☐ Unliquidated   |             |
| Harrisburg PA 17106   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.   | ☑ Student loans   |             |
| Debtor 1 only  Debtor 2 only  | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another   | Other. Specify  |             |
| Check if this claim is for a community debt                                       | _   |             |
| Is the claim subject to offset?   |   |             |
| ☑ No ☐ Yes  |   |             |

| City       State       ZIP Code         Who incurred the debt?       Check one.         ✓ Debtor 1 only       Debtor 2 only       Obligations arising out of a separation agreement or divorce that you did not report as priority claims         Debts to pension or profit-sharing plans, and other similar debts         Check if this claim is for a community debt         Is the claim subject to offset?         ✓ No  | Debtor 1 Mikayla J Avery                      | Case number (if known)                                       |             |
|---|---|--|-------------|
| Last 4 digits of account number 0 0 0 6   | Part 2: Your NONPRIORITY Unsecu               | red Claims Continuation Page                                 |             |
| Last 4 digits of account number   0   0   6   |   | m sequentially from the                                      | Total claim |
| Section   Servicing   Section       | 4.9   |  | \$13,358.00 |
| Afti: Bankruptcy Number Street PO Box 69184    Contingent   Contingent  |   | Last 4 digits of account number 0 0 0 6                      |             |
| As of the date you flie, the claim is: Check all that apply.   Contingent   |   | When was the debt incurred? 09/2008                          |             |
| Autorisburg   | Number Street                                 | As of the date you file, the claim is: Check all that apply. |             |
| Harrisburg  | PO BOX 69184                                  |  |             |
| Sale ZiP Code   Who incurred the delt?   Check one.   Student loans   Check if this claim is for a community debt is the claim subject to offset?   Student loans   Check if this claim is for a community debt is the claim subject to offset?   Student loans   Check if this claim is for a community debt is the claim subject to offset?   Student loans   Check if this claim is for a community debt is the claim subject to offset?   Student loans   Check if this claim is for a community debt is the claim subject to offset?   Student loans   Check if this claim is for a community debt is the claim subject to offset?   Student loans   Check if this claim is for a community debt is the claim subject to offset?   Check if this claim is for a community debt is the claim subject to offset?   Check if this claim is for a community debt is the claim subject to offset?   Check if this claim is for a community debt is the claim is for a community debt   Check one.   Check if this claim is for a community debt   Check one.   Check if this claim is for a community debt   Check one.   Check if this claim is for a community debt   Check one.   Check if this claim is for a community debt   Check one.   Check if this claim is for a community debt   Check one.   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Ch    |   |  |             |
| Who incurred the debt? Check one.    Debtor 1 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 only   Debtor 1 and Debtor 5 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 only   Debtor 2 only   Debtor 3 only   Debtor 3 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Deb  |   | Type of NONPPIOPITY unsecured claim:                         |             |
| Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 3 and other similar debts   | Who incurred the debt? Check one.             |  |             |
| The content of the debtor and another   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-shari    |   |  |             |
| Check if this claim is for a community debt is the claim subject to offset?   Nopportly Creditor's Name Attr. Bankruptcy Number Street PO Box 69184   Check one.   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Nopport Creditor's Name Attr. Bankruptcy   Nomber Street PO Box 69184   Check one.   Debtor 1 and Debtor 2 only   Nopport Creditor's Name Attr. Bankruptcy   Nomber Street   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 and another   Debtor 2 only   Debtor 1 and Debtor 3 and another   Debtor 2 only   Debtor 1 and Debtor 3 and another   Debtor 4 and Debtor 3 and another   Debtor 4 and Debtor 5 and 3 another   Debtor 6 and 5 another 6     |   |  |             |
| Check if this claim is for a community debt is the claim subject to offset?    Atto   | = Attack                                      |  |             |
| State   Specific  | ☐ Check if this claim is for a community debt |  |             |
| FedLoan Servicing Number Street PO Box 69184  Last 4 digits of account number 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0   |   |  |             |
| \$12,583.00  FedLoan Servicing Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 69184  Harrisburg PA 17106   Debtor 2 only   Debtor 2 only   Debtor 3 only Yes   Att: Bankruptcy   Att: Bankruptcy   Debtor 4 and Debtor 2 only   Debtor 8 Siste   ZiP Code   Debtor 2 only   Debtor 5 Siste   ZiP Code   Debtor 2 only   Debtor 5 Siste   Debtor 6 only   Siste 2   Debtor 6 only   Siste 2   Debtor 6 only   Siste 2   Debtor 7 only   Debtor 6 only   Siste 2   Debtor 7 only   Debtor 7 only   Debtor 8 Siste   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing | ≌ ,,  |  |             |
| Last 4 digits of account number 0 0 1 1 0   Nonpriority Creditor's Name Attr. Bankruptcy   Nonpriority Creditor's Nam    |   |  |             |
| Nonpriority Creditor's Name   Attn: Bankruptcy   Number   Street   Po Box 69184   | 4.10  |  | \$12,583.00 |
| Attn: Bankruptcy Number Street PO Box 69184    Contingent   Unliquidated   Disputed   |   | _ Last 4 digits of account number0010_                       |             |
| Contingent   Con    |   |  |             |
| Harrisburg  |   | <u> </u>   |             |
| Harrisburg PA 17106 City State ZIP Code Who incurred the debt? Check one.  Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At Least one of the debtors and another Street PO Box 69184  Harrisburg PA 17106 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Least 4 digits of account number 0 0 0 5 Who was the debt incurred? 09/2008  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  \$8,177.00  \$8,177.00  \$8,177.00  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify   | 1 0 Box 60 10 1                               |  |             |
| Type of NONPRIORITY unsecured claim:    Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising plans, and other similar debts   Other. Specify   | Harrichura DA 17106                           |  |             |
| Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt is the claim subject to offset? ☐ No ☐ Yes ☐ Ves ☐ Ves ☐ Ves ☐ Nonpriority Creditor's Name Attn: Bankruptcy Number Street ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 3 only ☐ Debtor 4 only ☐ Debtor 5 only ☐ Debtor 5 only ☐ Debtor 5 only ☐ Debtor 6 only ☐ Debtor 6 only ☐ Debtor 1 only ☐ Debtor 1 only ☐ Debtor 1 only ☐ Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No   |   | Type of NONPRIORITY unsecured claim:                         |             |
| Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Nopropriority Creditor's Name Attn: Bankruptcy Number Street PO Box 69184  Harrisburg PA 17106 City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  | _ 5   |  |             |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes  Last 4 digits of account number 0 0 0 5 Nonpriority Creditor's Name Attn: Bankruptcy  As of the date you file, the claim is: Check all that apply.  PO Box 69184  Harrisburg PA 17106 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  No  No  No  No  No  No  No  N  | •   | Obligations arising out of a separation agreement or divorce |             |
| At least one of the debtors and another   Other. Specify   Other. Speci     |   |  |             |
| Check if this claim is for a community debt Is the claim subject to offset?  No Yes  4.11  FedLoan Servicing Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 69184  Harrisburg PA 17106  City Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No No  Nonpriority Creditor's Name When was the debt incurred?  Og/2008  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  | At least one of the debtors and another       | = 015 cm 05 cm 15  |             |
| No  | ☐ Check if this claim is for a community debt |  |             |
| ## A 17106    City   State   ZIP Code   Check one.   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   At least one of the debtors and another   Check if this claim is for a community debt   Is the claim subject to offset?   State   Check offset   Ch   |   |  |             |
| FedLoan Servicing Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 69184  Harrisburg PA 17106 City State ZIP Code Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No  Last 4 digits of account number 0 0 0 5 When was the debt incurred? 09/2008  When was the debt incurred? 09/2008  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  | - E   |  |             |
| FedLoan Servicing Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 69184  Harrisburg PA 17106 City State ZIP Code Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No  Last 4 digits of account number 0 0 0 5 When was the debt incurred? 09/2008  When was the debt incurred? 09/2008  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  | 4.11  |  | ¢9 177 00   |
| Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 69184  Harrisburg PA 17106 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  When was the debt incurred? 09/2008  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  |   | Last 4 digits of account number 0 0 0 5                      | Ψυ,177.00   |
| As of the date you file, the claim is: Check all that apply.    Contingent   Unliquidated   Disputed  | Nonpriority Creditor's Name                   |  |             |
| Harrisburg PA 17106  City State ZIP Code Who incurred the debt? Check one.  ☑ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  ☑ No   |   |  |             |
| Harrisburg PA 17106  City State ZIP Code Check one.  Who incurred the debt? Check one.  Debtor 1 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  No  Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  | PO Box 69184                                  |  |             |
| Harrisburg PA 17106 City State ZIP Code Who incurred the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? ✓ No  Type of NONPRIORITY unsecured claim:  ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify   |   |  |             |
| Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt  Is the claim subject to offset? ☑ No   |   |  |             |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  |   | - Or hard have   |             |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No □ No □ Debtor 1 and Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 2 only □ Debtor 3 priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify   | - B.1741                                      |  |             |
| At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No   |   |  |             |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset?  ☑ No  |   |  |             |
| Is the claim subject to offset?  ☑ No   | <b>—</b>                                      | U otner. Specify   |             |
|   |   |  |             |
|   | ✓ No<br>Yes                                   |  |             |

| Debtor 1 Mikayla J Avery   | Case number (if known)  |             |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                    | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.  | m sequentially from the   | Total claim |
| 4.12   |   | \$8,177.00  |
| FedLoan Servicing  | Last 4 digits of account number 0 0 0 9   |             |
| Nonpriority Creditor's Name Attn: Bankruptcy                       | When was the debt incurred? 08/2009   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 69184   | _ Contingent  |             |
|  | ☐ Unliquidated ☐ Disputed   |             |
| Harrisburg PA 17106  |   |             |
| City State ZIP Code  Who incurred the debt? Check one.             | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only  | Student loans   |             |
| Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| Debtor 1 and Debtor 2 only   | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| At least one of the debtors and another                            | Other. Specify  |             |
| Check if this claim is for a community debt                        |   |             |
| Is the claim subject to offset?                                    |   |             |
| ☑ No<br>□ Yes  |   |             |
|  |   |             |
| 4.13   |   | \$8,177.00  |
| FedLoan Servicing  | Last 4 digits of account number0001_  |             |
| Nonpriority Creditor's Name Attn: Bankruptcy                       | When was the debt incurred? 08/2007   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 69184   | _ ☐ Contingent ☐ Unliquidated   |             |
|  | — ☐ Disputed  |             |
| Harrisburg PA 17106 City State ZIP Code                            |   |             |
| Who incurred the debt? Check one.                                  | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only  | ✓ Student loans Obligations arising out of a separation agreement or divorce                            |             |
| Debtor 2 only  | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| Check if this claim is for a community debt                        | Other. Specify  |             |
| Is the claim subject to offset?                                    |   |             |
| ✓ No   |   |             |
| Yes  |   |             |
| 4.14   |   | ¢4 500 00   |
| FedLoan Servicing  | Last 4 digits of account number 0 0 0 4   | \$4,588.00  |
| Nonpriority Creditor's Name  | Last 4 digits of account number 0 0 0 4  When was the debt incurred? 06/2008                            |             |
| Attn: Bankruptcy   | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 69184   | □ Contingent  |             |
|  | Unliquidated  |             |
| Harrisburg PA 17106  | Disputed  |             |
| City State ZIP Code  | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                                  |   |             |
| Debtor 1 only  Debtor 2 only                                       | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims  |             |
| At least one of the debtors and another                            | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                    |             |
| ☐ Check if this claim is for a community debt                      |   |             |
| Is the claim subject to offset?                                    |   |             |
| ☑ No ☐ Yes   |   |             |

| Debtor 1 Mikayla J Avery  | Case number (if known)   |             |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.           | m sequentially from the  | Total claim |
| 4.15  |  | \$4,329.00  |
| FedLoan Servicing   | Last 4 digits of account number 0 0 0 8  |             |
| Nonpriority Creditor's Name  Attn: Bankruptcy                               | When was the debt incurred? 06/2009  |             |
| Number Street PO Box 69184  | As of the date you file, the claim is: Check all that apply.   |             |
| 1 0 BOX 00104   | _ ☐ Contingent ☐ Unliquidated  |             |
| Harrisburg PA 17106   | Disputed   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.  Debtor 1 only                            | Student loans  |             |
| Debtor 2 only   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims              |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts  |             |
| Check if this claim is for a community debt                                 | Other. Specify   |             |
| Is the claim subject to offset?   |  |             |
| <b>☑</b> No   |  |             |
| Yes   |  |             |
| 4.16  |  | \$4,010.00  |
| FedLoan Servicing   | Last 4 digits of account number0012_   |             |
| Nonpriority Creditor's Name  Attn: Bankruptcy                               | When was the debt incurred? 08/2010  |             |
| Number Street PO Box 69184  | As of the date you file, the claim is: Check all that apply.   |             |
| 1 0 BOX 00104   | _  |             |
| Harrisburg PA 17106   | Disputed   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.  Debtor 1 only                            | ☑ Student loans  |             |
| Debtor 1 only  Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims              |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts  |             |
| At least one of the debtors and another                                     | Other. Specify   |             |
| Check if this claim is for a community debt Is the claim subject to offset? |  |             |
| ✓ No  |  |             |
| Yes   |  |             |
| 4.17  |  | \$2,725.00  |
| FedLoan Servicing Nonpriority Creditor's Name                               | Last 4 digits of account number0003  |             |
| Attn: Bankruptcy  | When was the debt incurred? 06/2008  |             |
| Number Street PO Box 69184  | <ul> <li>As of the date you file, the claim is: Check all that apply.</li> <li>         □ Contingent     </li> </ul> |             |
|   | Unliquidated   |             |
| Harrisburg PA 17106   | Disputed   |             |
| City State ZIP Code  Who incurred the debt? Check one.                      | Type of NONPRIORITY unsecured claim:   |             |
| Debtor 1 only   | <ul><li>✓ Student loans</li><li>✓ Obligations arising out of a separation agreement or divorce</li></ul>             |             |
| Debtor 2 only   | that you did not report as priority claims   |             |
| Debtor 1 and Debtor 2 only At least one of the debtors and another          | ☐ Debts to pension or profit-sharing plans, and other similar debts  |             |
| Check if this claim is for a community debt                                 | Other. Specify   |             |
| Is the claim subject to offset?   |  |             |
| ☑ No<br>□ Yes   |  |             |
| 1 1 100   |  |             |

| Debtor 1 Mikayla J Avery   | Case number (if known)  |             |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.              | m sequentially from the   | Total claim |
| 4.18   |   | \$2,725.00  |
| FedLoan Servicing  | Last 4 digits of account number 0 0 1 1   |             |
| Nonpriority Creditor's Name Attn: Bankruptcy                                   | When was the debt incurred? 08/2010   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 69184   | _ Contingent  |             |
|  | ☐ Unliquidated ☐ Disputed   |             |
| Harrisburg PA 17106  |   |             |
| City State ZIP Code  Who incurred the debt? Check one.                         | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only  | Student loans Obligations origing out of a congretion agreement or diverse                                  |             |
| Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims     |             |
| Debtor 1 and Debtor 2 only   | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another  | Other. Specify  |             |
| Check if this claim is for a community debt                                    |   |             |
| Is the claim subject to offset?  No  |   |             |
| ✓ No<br>☐ Yes  |   |             |
|  |   |             |
| 4.19   |   | \$2,725.00  |
| FedLoan Servicing Nonpriority Creditor's Name                                  | Last 4 digits of account number0007   |             |
| Attn: Bankruptcy   | When was the debt incurred? 06/2009   |             |
| Number Street PO Box 69184   | As of the date you file, the claim is: Check all that apply.  |             |
| FO BOX 09104   | _ ☐ Contingent ☐ Unliquidated   |             |
|  | — ☐ Disputed  |             |
| Harrisburg PA 17106 City State ZIP Code  |   |             |
| Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only  | <ul> <li>✓ Student loans</li> <li>✓ Obligations arising out of a separation agreement or divorce</li> </ul> |             |
| Debtor 2 only  | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only At least one of the debtors and another             | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt                                    | Other. Specify  |             |
| Is the claim subject to offset?  |   |             |
| ✓ No   |   |             |
| Yes  |   |             |
| 4.20   |   | •           |
|  | Lock A digita of account number 0 0 0 0   | \$1,855.00  |
| Firstmark Services Nonpriority Creditor's Name                                 | Last 4 digits of account number2894   |             |
| 121 South 13th Street  | When was the debt incurred? 08/2004   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|  | □ Contingent     □ Unliquidated   |             |
| Lincoln NE COEOO   | Disputed  |             |
| Lincoln         NE         68508           City         State         ZIP Code | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  | Student loans   |             |
| Debtor 1 only  | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only  Debtor 1 and Debtor 2 only                                      | that you did not report as priority claims  |             |
| At least one of the debtors and another  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                        |             |
| Check if this claim is for a community debt                                    | Li Other. Specify   |             |
| Is the claim subject to offset?  |   |             |
| No   |   |             |
| ☐ Yes  |   |             |

| Debtor 1 Mikayla J Avery   | Case number (if known)  |             |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.                  | m sequentially from the   | Total claim |
| 4.21   |   | \$1,078.00  |
| Jefferson Capital Systems, LLC   | Last 4 digits of account number 1 6 6 1   |             |
| Nonpriority Creditor's Name PO Box 1999  | When was the debt incurred? 07/2019   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|  | _ Contingent  |             |
|  | ☐ Unliquidated ☐ Disputed   |             |
| Saint Cloud         MN         56302           City         State         ZIP Code |   |             |
| Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                              |             |
| Debtor 2 only  Debtor 1 and Debtor 2 only  | that you did not report as priority claims  |             |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another             | Debts to pension or profit-sharing plans, and other similar debts   |             |
| ☐ Check if this claim is for a community debt                                      |   |             |
| Is the claim subject to offset?  | ractoring company recount   |             |
| <b>☑</b> No  |   |             |
| Yes  |   |             |
| 4.22   |   | \$7,901.00  |
| Nelnet Loans   | Last 4 digits of account number 2 5 9 9   |             |
| Nonpriority Creditor's Name  | When was the debt incurred? 04/2007   |             |
| Attn: Bankruptcy Claims  Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 82505   | _ Contingent  |             |
|  | ☐ Unliquidated ☐ Disputed   |             |
| Lincoln NE 68501   |   |             |
| City State ZIP Code  Who incurred the debt? Check one.                             | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only  | <ul> <li>✓ Student loans</li> <li>✓ Obligations arising out of a separation agreement or divorce</li> </ul> |             |
| Debtor 2 only  | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only At least one of the debtors and another                 | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt  | Other. Specify  |             |
| Is the claim subject to offset?  |   |             |
| <b>☑</b> No  |   |             |
| Yes  |   |             |
| 4.23   |   | \$146.00    |
| Nelnet Loans   | Last 4 digits of account number 2 6 9 9   |             |
| Nonpriority Creditor's Name  | When was the debt incurred? 04/2007   |             |
| Attn: Bankruptcy Claims  Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 82505   | _ Contingent  |             |
|  | ☐ Unliquidated<br>☐ ☐ Disputed  |             |
| Lincoln NE 68501   |   |             |
| City State ZIP Code  Who incurred the debt? Check one.                             | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only  | ✓ Student loans ✓ Obligations arising out of a separation agreement or divorce                              |             |
| Debtor 2 only  | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only At least one of the debtors and another                 | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt  | Other. Specify  |             |
| Is the claim subject to offset?  |   |             |
| <b>☑</b> No  |   |             |
| ☐ Yes  |   |             |

| Debtor 1 Mikayla J Avery  | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecur  | ed Claims Continuation Page   |             |
| After listing any entries on this page, number ther previous page.            | n sequentially from the   | Total claim |
| 4.24  |   | \$6,503.00  |
| Texas Higher Education Coordinating Boar                                      | Last 4 digits of account number 0 0 1   |             |
| Nonpriority Creditor's Name ATTN: Bankruptcy Dept.                            | When was the debt incurred? 08/2002   |             |
| Number Street<br>1200 E Anderson Lane   | As of the date you file, the claim is: Check all that apply.  |             |
| 1200 L Anderson Lane  | _   |             |
| Austin TX 78752   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.   | ✓ Student loans   |             |
| Debtor 1 only  Debtor 2 only  | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another                                       | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                                 |   |             |
| Is the claim subject to offset?   |   |             |
| ☑ No<br>☐ Yes   |   |             |
|   |   |             |
| 4.25  |   | \$6,378.00  |
| Texas Higher Education Coordinating Boar                                      | _ Last 4 digits of account number0002_  |             |
| Nonpriority Creditor's Name ATTN: Bankruptcy Dept.                            | When was the debt incurred? 08/2003   |             |
| Number Street<br>1200 E Anderson Lane   | As of the date you file, the claim is: Check all that apply.  |             |
| 1200 L Anderson Lane  | _   |             |
| Avertire TV 70750   | Disputed  |             |
| Austin         TX         78752           City         State         ZIP Code | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.   | Student loans   |             |
| Debtor 1 only  Debtor 2 only  | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only  Debtor 1 and Debtor 2 only                                     | that you did not report as priority claims  |             |
| At least one of the debtors and another                                       | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                          |             |
| ☐ Check if this claim is for a community debt                                 |   |             |
| Is the claim subject to offset?   |   |             |
| ☑ No<br>□ Yes   |   |             |
|   |   |             |
| 4.26  |   | \$6,048.00  |
| Texas Higher Education Coordinating Boar                                      | _ Last 4 digits of account number0005_  |             |
| Nonpriority Creditor's Name ATTN: Bankruptcy Dept.                            | When was the debt incurred? 09/2005   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| 1200 E Anderson Lane  | _ ☐ Contingent ☐ Unliquidated   |             |
|   | Disputed  |             |
| Austin         TX         78752           City         State         ZIP Code | Type of NONERIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.   | Type of NONPRIORITY unsecured claim:  ✓ Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                                      | that you did not report as priority claims  |             |
| At least one of the debtors and another                                       | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                          |             |
| Check if this claim is for a community debt                                   |   |             |
| Is the claim subject to offset?   |   |             |
| ☑ No<br>□ Yes   |   |             |

| Debtor 1           | Mikayla J Avery                                    | Case number (if known)   |             |
|--------------------|--|--|-------------|
| Part 2:            | Your NONPRIORITY Unsecur                           | ed Claims Continuation Page  |             |
| After listin       | g any entries on this page, number ther page.      | n sequentially from the  | Total claim |
| 4.27               |  |  | \$2,908.00  |
| Texas Hi           | gher Education Coordinating Boar                   | Last 4 digits of account number 0 0 0 6  | ·           |
|                    | reditor's Name<br>ankruptcy Dept.                  | When was the debt incurred? 09/2006  |             |
| Number             | Street   | As of the date you file, the claim is: Check all that apply.   |             |
| 1200 E A           | nderson Lane                                       | Contingent   |             |
|                    |  | ☐ Unliquidated ☐ ☐ Disputed  |             |
| Austin             | TX 78752   |  |             |
| City<br>Who incur  | State ZIP Code red the debt? Check one.            | Type of NONPRIORITY unsecured claim:   |             |
| <b>☑</b> Debtor    |  | <ul><li>✓ Student loans</li><li>✓ Obligations arising out of a separation agreement or divorce</li></ul> |             |
| ш                  | 2 only   | that you did not report as priority claims   |             |
| <b>=</b>           | 1 and Debtor 2 only                                | Debts to pension or profit-sharing plans, and other similar debts  |             |
|                    | it one of the debtors and another                  | Other. Specify   |             |
| ш.                 | if this claim is for a community debt              |  |             |
| No No              | n subject to offset?                               |  |             |
| Yes                |  |  |             |
| 4.28               |  |  | •• •••      |
|                    |  | Leat 4 divite of account number 0 0 0 4  | \$2,682.00  |
|                    | gher Education Coordinating Boar<br>reditor's Name | Last 4 digits of account number 0 0 0 4  |             |
|                    | ankruptcy Dept.                                    | When was the debt incurred? 10/2004  |             |
| Number<br>1200 E A | Street<br>nderson Lane                             | As of the date you file, the claim is: Check all that apply.  Contingent                                 |             |
|                    |  | Unliquidated   |             |
| Austin             | TX 78752   | Disputed   |             |
| City               | State ZIP Code                                     | Type of NONPRIORITY unsecured claim:   |             |
|                    | red the debt? Check one.                           | ✓ Student loans  |             |
| Debtor             | 1 only<br>2 only                                   | Obligations arising out of a separation agreement or divorce   |             |
|                    | 1 and Debtor 2 only                                | that you did not report as priority claims   |             |
| ш                  | st one of the debtors and another                  | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify                      |             |
| Check              | if this claim is for a community debt              | Li Gallott Opposity  |             |
| Is the clair       | n subject to offset?                               |  |             |
| <b>☑</b> No        |  |  |             |
| ☐ Yes              |  |  |             |

| Debtor 1 | Mikayla J Avery | Case number (if known) |
|----------|-----------------|------------------------|
|          |                 |                        |

# Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                          |     |   |                  | Total claim  |
|--------------------------|-----|---|------------------|--------------|
| Total claims from Part 1 | 6a. | Domestic support obligations  | 6a.              | \$0.00       |
|                          | 6b. | Taxes and certain other debts you owe the government  | 6b.              | \$0.00       |
|                          | 6c. | Claims for death or personal injury while you were intoxicated  | 6c.              | \$0.00       |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | <sup>6d.</sup> ₹ | \$0.00       |
|                          | 6e. | <b>Total.</b> Add lines 6a through 6d.  | 6d.              | \$0.00       |
|                          |     |   |                  | Total claim  |
| Total claims from Part 2 | 6f. | Student loans   | 6f.              | \$120,140.00 |
|                          | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.              | \$0.00       |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.              | \$0.00       |
|                          | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. <b>⊣</b>     | \$75,632.00  |
|                          | 6j. | <b>Total.</b> Add lines 6f through 6i.  | 6j.              | \$195,772.00 |

| Fill in th                    | nis information to i         | dentify your case  | ·•   |   |   |
|-------------------------------|------------------------------|--|--|---|---|
| Debtor 1                      | Mikayla                      | J  | Avery  |   |   |
|                               | First Name                   | Middle Name  | Last Name  |   |   |
| Debtor 2<br>(Spouse,          | if filing) First Name        | Middle Name  | Last Name  |   |   |
| United Sta                    | ates Bankruptcy Court fo     | r the: WESTERN DI  | STRICT OF TEXAS  | s                                       |   |
| Case num<br>(if known)        |                              |  |  |   | Check if this is an amended filing  |
| Official                      | Form 106G                    |  |  |   |   |
| Schedu                        | lle G: Executory             | / Contracts an   | d Unexpired  | Leases                                  | 12/1  |
| □ N ☑ Y  2. List see is for e | es. Fill in all of the infor | ile this form with the co<br>mation below even if the<br>or company with who<br>cle lease, cell phone) | ourt with your other so<br>ne contracts or leases<br>om you have the con | ntract or lease. Then state v           | else to report on this form.  Property (Official Form 106A/B).  what each contract or lease on booklet for more examples of |
| Pe                            | rson or company with v       | whom you have the c  | ontract or lease   | State what the contrac                  | t or lease is for   |
| 2.1 <u>Cro</u>                | eekside at Kenney F          | ort  |  | Apartment lease                         |   |
| 11                            | 00 Kenney Fort mber Street   |  |  | <ul> <li>Contract to be ASSL</li> </ul> | JMED  |
| Ro<br>City                    | ound Rock                    | TX<br>State  | <b>78665</b> ZIP Code  | _<br>_                                  |   |
| 2.2 <u>Sp</u>                 | rint                         |  |  | Cell Phone                              |   |

**IL** State **60197** ZIP Code

Contract to be ASSUMED

PO Box 4191

Carol Stream City

| Fill in this inf                | ormation to i         | dentify your case       | :               |   |                                 |
|---------------------------------|-----------------------|-------------------------|-----------------|---|---------------------------------|
| Debtor 1                        | Mikayla<br>First Name | <b>J</b><br>Middle Name | Avery Last Name | _ |                                 |
| Debtor 2<br>(Spouse, if filing) | First Name            | Middle Name             | Last Name       | _ |                                 |
| United States Bar               | nkruptcy Court fo     | or the: WESTERN DIS     | STRICT OF TEXAS | _ |                                 |
| Case number (if known)          |                       |                         |                 |   | Check if this is amended filing |

### Official Form 106H

#### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| l. | Do you  ✓ No  ✓ Yes | have any codebtors?  | (If you are filing a | joint case, o | do not list eithe     | r spouse a | as a codebtor.)  |
|----|---------------------|--|----------------------|---------------|-----------------------|------------|--|
| 2. | include A           | Arizona, California, Idah<br>Go to line 3.<br>s. Did your spouse, form<br>No                 | o, Louisiana, Neva   | da, New Me    | xico, Puerto Rio      | co, Texas, | (Community property states and territories Washington, and Wisconsin.) |
|    | Ø                   | In which community st  Lynne Knapp  Name of your spouse, forr 2212 Owens Blvd  Number Street |                      | _             | Texas                 | Fill i     | n the name and current address of that person.                         |
|    |                     | Richardson<br>City   |                      | TX<br>State   | <b>75082</b> ZIP Code |            |  |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

| Fill in this info   | rmation to i                                   | dentify your case:  |   |                                  |                                 |  |
|---|--|---|---|----------------------------------|---------------------------------|--|
| Debtor 1  | Mikayla  | J   | Avery   |                                  |                                 |  |
| 200.0.  | First Name                                     | Middle Name   | Last Nan  | ne                               | Che                             | eck if this is:  |
| Debtor 2  | E: AN  | ACT III AT  |   |                                  | п                               | An amended filing  |
| (Spouse, if filing)   | First Name                                     | Middle Name   | Last Nan  |                                  |                                 | A supplement showing postpetition  |
| United States Bar   | nkruptcy Court                                 | for the: WESTERN D  | DISTRICT OF T   | EXAS                             | —  <sup>⊔</sup>                 | chapter 13 income as of the following date   |
| Case number<br>(if known)   |  |   |   |                                  |                                 | MM / DD / YYYY   |
| Official Form 1   | 1061   |   |   |                                  |                                 |  |
| Schedule I: Y   | our Incor                                      | ne  |   |                                  |                                 | 12/15  |
| responsible for sup include information about your spouse. your name and case | plying correct<br>about your s<br>If more spac | information. If you are<br>pouse. If you are separ<br>e is needed, attach a se<br>nown). Answer every o | e married and n<br>rated and your s<br>eparate sheet to | ot filing joint<br>spouse is not | ly, and your<br>t filing with y | I Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write |
| Fill in your emp<br>information.  | oloyment                                       |   | Debtor 1  |                                  |                                 | Debtor 2 or non-filing spouse  |
| If you have more  |  | Empleyment status   |   |                                  |                                 |  |
| job, attach a ser<br>with information   |  | Employment status   | ✓ Employed ✓ Not employed                               |                                  |                                 | <ul><li>☐ Employed</li><li>☐ Not employed</li></ul>  |
| additional emplo  | oyers.   | Occupation  | Patient Adv   | ocate                            |                                 | _  |
| Include part-time or self-employed  |  | Employer's name   | Kind Clinic   |                                  |                                 |  |
| Occupation may student or home applies.                                       |  | Employer's address  | 1101 W 40th<br>Number Street                            | Street, Sui                      | ite 102                         | Number Street  |
|   |  |   | Austin  | TX                               | 78756                           |  |
|   |  |   | City  | State                            | e Zip Code                      | City State Zip Code  |
|   |  | How long employed t   | here? 2.5 y   | ears                             |                                 |  |
| Part 2: Give  | Details Ab                                     | out Monthly Incom   | е   |                                  |                                 |  |
|   |  |   |   | othina to repo                   | ort for any line                | , write \$0 in the space. Include your   |
| non-filing spouse unl   |  |   | ,   | 3                                | , , ,                           | ,,   |
| •   | • .  | e more than one employ<br>arate sheet to this form.   | er, combine the   | information fo                   | or all employe                  | rs for that person on the lines below. If  |
|   |  |   |   | For                              | Debtor 1                        | For Debtor 2 or non-filing spouse  |
|   |  | alary, and commission<br>I monthly, calculate what  |   | 2. <u> </u>                      | \$3,821.46                      |  |
| 3. Estimate and li  | st monthly ov                                  | ertime pay.   |   | 3. + _                           | \$0.00                          |  |
| 4. Calculate gross  | s income. Ad                                   | d line 2 + line 3.  |   | 4.                               | \$3,821.46                      |  |

| 5.       | Copy line 4 here  List all payroll deductions:  5a. Tax, Medicare, and Social Security deductions   | 4.           | For Debtor 1        | For Debtor 2 non-filing sp |          |                                    |
|----------|---|--------------|---------------------|----------------------------|----------|------------------------------------|
| 5.       | List all payroll deductions:  | 4.           |                     |                            | ouse     |                                    |
| 5.       | • •   |              | \$3,821.46          |                            |          |                                    |
|          | 5a. Tax. Medicare, and Social Security deductions   |              |                     |                            |          |                                    |
|          | · · · · · · · · · · · · · · · · · · ·   | 5a.          | \$525.34            |                            |          |                                    |
|          | 5b. Mandatory contributions for retirement plans  | 5b.          | \$246.91            |                            |          |                                    |
|          | 5c. Voluntary contributions for retirement plans  | 5c.          | \$0.00              |                            |          |                                    |
|          | 5d. Required repayments of retirement fund loans  | 5d.          | \$0.00              |                            |          |                                    |
|          | 5e. Insurance   | 5e.          | \$0.00              |                            |          |                                    |
|          | 5f. Domestic support obligations  | 5f.          | \$0.00              |                            |          |                                    |
|          | 5g. Union dues  | 5g.          | \$0.00              |                            |          |                                    |
|          | 5h. Other deductions. Specify:  | 5h. <b>+</b> | \$0.00              |                            |          |                                    |
| 6.       | Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .   | 6.           | \$772.25            |                            |          |                                    |
| 7.<br>8. | Calculate total monthly take-home pay. Subtract line 6 from line 4.  List all other income regularly received:  | 7.           | \$3,049.21          |                            |          |                                    |
| ٥.       | 8a. Net income from rental property and from operating a  | 8a.          | \$0.00              |                            |          |                                    |
|          | business, profession, or farm   |              |                     |                            |          |                                    |
|          | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                                   |              |                     |                            |          |                                    |
|          | 8b. Interest and dividends  | 8b.          | \$0.00              |                            |          |                                    |
|          | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive   | 8c.          | \$0.00              |                            |          |                                    |
|          | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |              |                     |                            |          |                                    |
|          | 8d. Unemployment compensation   | 8d.          | \$0.00              |                            |          |                                    |
|          | 8e. Social Security   | 8e.          | \$0.00              |                            |          |                                    |
|          | 8f. Other government assistance that you regularly receive  |              |                     |                            |          |                                    |
|          | Include cash assistance and the value (if known) or any non-<br>cash assistance that you receive, such as food stamps<br>(benefits under the Supplemental Nutrition Assistance Program) |              |                     |                            |          |                                    |
|          | or housing subsidies.   |              | •                   |                            |          |                                    |
|          | Specify:  | 8f.<br>-     | \$0.00              |                            |          |                                    |
|          | 8g. Pension or retirement income  | 8g.          | \$0.00              |                            |          |                                    |
|          | 8h. Other monthly income. Specify:  | 8h. 🛨        | \$0.00              |                            |          |                                    |
| 9.       | <b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   | 9.           | \$0.00              |                            |          |                                    |
| 10.      | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.          | \$3,049.21          | +                          | ]=       | \$3,049.21                         |
| 11.      | State all other regular contributions to the expenses that you list in S  |              |                     |                            |          |                                    |
|          | Include contributions from an unmarried partner, members of your housel friends or relatives.   | nold, yo     | ur dependents, you  | ır roommates, a            | nd other |                                    |
|          | Do not include any amounts already included in lines 2-10 or amounts the  | at are no    | ot available to pay | expenses listed            | in Sched |                                    |
|          | Specify:  |              |                     |                            | 11. +    | \$0.00                             |
| 12.      | Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilitie if it applies.                             |              |                     |                            | 12.      | \$3,049.21 Combined monthly income |
| 13.      | Do you expect an increase or decrease within the year after you file  | his for      | m?                  |                            |          |                                    |
|          | ✓ No. None.  Yes. Explain:  |              |                     |                            |          |                                    |

| F  | ill in this inform                         | ation to identif     | y your case:                |               |   | Cho        | ck if this          | , io.                        |                    |
|----|--|----------------------|-----------------------------|---------------|---|------------|---------------------|------------------------------|--------------------|
|    | Debtor 1                                   | Mikayla              | J                           | Avery         | 1   | l Che<br>□ |                     | ended filing                 |                    |
|    |  | First Name           | Middle Name                 | Last Na       | me  |            | A supp              | lement showing               |                    |
|    | Debtor 2<br>(Spouse, if filing)            | First Name           | Middle Name                 | Last Na       | me  |            | chapter<br>followin | r 13 expenses as<br>ng date: | s of the           |
|    | United States Bankro                       | uptcy Court for the: | WESTERN DIS                 | TRICT OF      | TEXAS   |            | MM / D              | D / YYYY                     | <u> </u>           |
|    | Case number                                |                      |                             |               |   |            | IVIIVI / D          | D/1111                       |                    |
|    | (if known)                                 |                      |                             |               |   | ]          |                     |                              |                    |
| _  | fficial Form 10                            |                      |                             |               |   |            |                     |                              |                    |
| S  | chedule J: Yo                              | ur Expenses          | 8                           |               |   |            |                     |                              | 12/15              |
| СО | •  | more space is ne     | eded, attach anoth          | er sheet to t | ing together, both ar<br>his form. On the top | -          |                     |                              |                    |
|    |  | be Your House        |                             |               |   |            |                     |                              |                    |
| 1. | Is this a joint case                       | 9?                   |                             |               |   |            |                     |                              |                    |
|    |  |                      |                             |               |   |            |                     |                              |                    |
|    |  |                      | parate household            | ?             |   |            |                     |                              |                    |
|    | □ No                                       |                      |                             |               |   |            |                     |                              |                    |
| _  | <del>_</del>                               |                      |                             | J-2, Expenses | s for Separate Househ                         | nold of    | Debtor              | 2.                           |                    |
| 2. | Do you have depe                           | endents?             | No<br>Yes. Fill out this ir | formation     | Dependent's relation                          | onship     | to                  | Dependent's                  | Does dependent     |
|    | Do not list Debtor 1 Debtor 2.             | l and $\square$      | for each dependen           |               | Debtor 1 or Debtor                            | 2          |                     | age                          | live with you?  No |
|    | Do not state the de                        | pendents'            |                             |               |   |            |                     |                              | Yes No             |
|    | names.                                     |                      |                             |               |   |            |                     |                              | Yes                |
|    |  |                      |                             |               |   |            |                     |                              | □ No               |
|    |  |                      |                             |               |   |            |                     |                              | - ☐ Yes<br>☐ No    |
|    |  |                      |                             |               |   |            |                     |                              | Yes                |
|    |  |                      |                             |               |   |            |                     |                              | ☐ No               |
| _  | <b>D</b>                                   | . Constants          |                             |               |   |            |                     |                              | Yes                |
| 3. | Do your expenses<br>expenses of peop       |                      | ✓ No Yes                    |               |   |            |                     |                              |                    |
|    | yourself and your                          |                      | П тез                       |               |   |            |                     |                              |                    |
|    | Part 2: Estima                             | to Vour Ongoi        | aa Manthly Eyr              | oncoc         |   |            |                     |                              |                    |
|    |  |                      | ng Monthly Exp              |               | re using this form as                         |            | nlomor              | t in a Chapter               | 12 0000            |
| to | •  | of a date after the  |                             | •             | supplemental Sched                            | •          | •                   |                              |                    |
|    | clude expenses paid<br>ch assistance and h |                      | -                           | -             |   |            |                     | Your expens                  | es                 |
| 4. | The rental or hom<br>Include first mortga  |                      |                             |               |   |            | 4                   | 4                            | \$750.00           |
|    | If not included in                         | •                    | -                           |               |   |            |                     |                              |                    |
|    | 4a. Real estate ta                         | xes                  |                             |               |   |            | 4                   | 4a                           |                    |
|    | 4b. Property, hom                          | eowner's, or renter  | s insurance                 |               |   |            | 2                   | 4b                           |                    |
|    | 4c. Home mainter                           | nance, repair, and u | ıpkeep expenses             |               |   |            | 2                   | 4c                           |                    |
|    | 4d. Homeowner's                            | association or con-  | dominium dues               |               |   |            | 4                   | 4d.                          |                    |

| Der | Mikayia J Avery   | Case number (if known) |          |
|-----|---|------------------------|----------|
|     |   | Your expen             | ses      |
| 5.  | Additional mortgage payments for your residence, such as home equity loans  | 5.                     |          |
| 6.  | Utilities:  |                        |          |
|     | 6a. Electricity, heat, natural gas  | 6a.                    | \$150.00 |
|     | 6b. Water, sewer, garbage collection  | 6b                     | \$100.00 |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c                     | \$208.00 |
|     | 6d. Other. Specify:   | 6d                     |          |
| 7.  | Food and housekeeping supplies  | 7.                     | \$426.00 |
| 8.  | Childcare and children's education costs  | 8.                     |          |
| 9.  | Clothing, laundry, and dry cleaning   | 9.                     | \$88.00  |
| 10. | Personal care products and services   | 10.                    | \$43.00  |
| 11. | Medical and dental expenses   | 11.                    | \$450.00 |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.  | 12.                    | \$250.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.                    | \$170.00 |
| 14. | Charitable contributions and religious donations  | 14.                    |          |
| 15. | Insurance.  |                        |          |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  | 15a.                   |          |
|     | 15b. Health insurance   | 15a                    |          |
|     | 15c. Vehicle insurance  | 15c.                   | \$92.00  |
|     | 15d. Other insurance. Specify: Legal Insurance  | 15d.                   | \$26.00  |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  |                        | \$20.00  |
|     | Specify:  | 16.                    |          |
| 17. | Installment or lease payments:  |                        |          |
|     | 17a. Car payments for Vehicle 1   | 17a                    | \$280.00 |
|     | 17b. Car payments for Vehicle 2   | 17b                    |          |
|     | 17c. Other. Specify:  | 17c                    |          |
|     | 17d. Other. Specify:  | 17d                    |          |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18                     |          |
| 19. | Other payments you make to support others who do not live with you.  Specify:   | 19.                    |          |
|     | -p  |                        |          |

| Debtor 1 |             | Mikayla J Avery  | Case number (if known) |            |
|----------|-------------|--|------------------------|------------|
| 20.      |             | r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.  |                        |            |
|          | 20a.        | Mortgages on other property  | 20a.                   |            |
|          | 20b.        | Real estate taxes  | 20b.                   |            |
|          | 20c.        | Property, homeowner's, or renter's insurance   | 20c.                   |            |
|          | 20d.        | Maintenance, repair, and upkeep expenses   | 20d                    | _          |
|          | 20e.        | Homeowner's association or condominium dues  | 20e.                   |            |
| 21.      | Othe        | r. Specify:  | 21. +                  |            |
| 22.      | Calcu       | ulate your monthly expenses.   |                        |            |
|          | 22a.        | Add lines 4 through 21.  | 22a                    | \$3,033.00 |
|          | 22b.        | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.   | 22b                    |            |
|          | 22c.        | Add line 22a and 22b. The result is your monthly expenses.   | 22c                    | \$3,033.00 |
| 23.      | Calcu       | ulate your monthly net income.   |                        |            |
|          | 23a.        | Copy line 12 (your combined monthly income) from Schedule I.   | 23a                    | \$3,049.21 |
|          | 23b.        | Copy your monthly expenses from line 22c above.  | 23b. <b>–</b>          | \$3,033.00 |
|          | 23c.        | Subtract your monthly expenses from your monthly income. The result is your monthly net income.  | 23c                    | \$16.21    |
| 24.      | Do yo       | ou expect an increase or decrease in your expenses within the year after you   | file this form?        |            |
|          |             | xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your mortga | . ,                    |            |
|          | <b></b> ✓ 1 | No.  |                        |            |
|          |             | Yes. Explain here: None.   |                        |            |
|          |             | 1  |                        |            |
|          |             |  |                        |            |

| Debtor 1                       | Mikayla              | J                         | Avery   |                                 |  |
|--------------------------------|----------------------|---------------------------|---|---------------------------------|--|
|                                | First Name           | Middle Name               | Last Name   |                                 |  |
| Debtor 2<br>Spouse, if filing) | \ First Name         | Middle Name               | Last Name   |                                 |  |
|                                |                      |                           |   |                                 |  |
| Inited States Ba               | inkruptcy Court fo   | or the: WESTERN DIS       | STRICT OF TEXAS   |                                 |  |
| Case number if known)          |                      |                           |   | Check if t                      |  |
| #: a: a!                       | 4000                 |                           |   | amended                         | illing                                   |
| fficial Form                   |                      | -4 1 1 2-1-114            | ! ! O(-! O(-(!-)  | (!       - f (!                 | 404                                      |
| ummary o                       | r Your Asse          | ets and Liabilit          | ies and Certain Statist   | tical information               | 12/                                      |
|                                | ou file your origi   |                           | fill out a new Summary and chec                                       | k the box at the top of this pa | age.                                     |
|                                |                      |                           |   |                                 | <b>our assets</b><br>alue of what you ow |
| Schedule A/E                   | 3: Property (Officia | al Form 106A/B)           |   |                                 |  |
| 1a. Copy line                  | e 55, Total real es  | state, from Schedule A    | /B  |                                 | \$0.0                                    |
| 1b. Copy line                  | e 62, Total persor   | nal property, from Sche   | edule A/B   |                                 | \$28,458.0                               |
| 1c. Copy line                  | e 63, Total of all p | property on Schedule A    | /B  |                                 | \$28,458.0                               |
| Part 2: Su                     | ımmarize You         | ır Liabilities            |   |                                 |  |
|                                |                      |                           |   |                                 | Your liabilities<br>Amount you owe       |
|                                |                      | ,                         | Property (Official Form 106D) f claim, at the bottom of the last page | ge of Part 1 of Schedule D      | \$9,540.0                                |
| Cohodulo E/E                   |                      |                           | s (Official Form 106E/F)<br>ured claims) from line 6e of Schedu       | ıle E/F                         | \$0.0                                    |
|                                |                      |                           |   |                                 |  |
| 3a. Copy the                   | e total claims from  | n Part 2 (nonpriority uns | secured claims) from line 6j of Scho                                  | edule E/F+                      | \$195,772.0                              |
| 3a. Copy the                   | e total claims fron  | n Part 2 (nonpriority uns | secured claims) from line 6j of Scho                                  | + Your total liabilities        |  |
| 3a. Copy the                   |                      | n Part 2 (nonpriority uns |   | Г                               | \$195,772.0<br>\$205,312.0               |
| 3a. Copy the  3b. Copy the     | ımmarize You         | I <b>r Income and Exp</b> |   | Your total liabilities          |  |

Copy your monthly expenses from line 22c of Schedule J.....

| Deb                               | otor 1   | Mikayla J Avery  | Case number (if known)                           |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|--|
| Р                                 | art 4:   | Answer These Questions for Administrative and Statistic  | al Records                                       |  |  |  |  |  |
| 6.                                | Are y  | ou filing for bankruptcy under Chapters 7, 11, or 13?  |  |  |  |  |  |  |
|                                   | <ul> <li>No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> <li>✓ Yes</li> </ul>  |  |  |  |  |  |  |  |
| 7. What kind of debt do you have? |  |  |  |  |  |  |  |  |
|                                   | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. |  |  |  |  |  |  |  |
|                                   |  | <b>Your debts are not primarily consumer debts.</b> You have nothing to report on his form to the court with your other schedules.               | this part of the form. Check this box and submit |  |  |  |  |  |
| 8.                                |  | the Statement of Your Current Monthly Income: Copy your total current monal Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | nthly income from \$3,821.45                     |  |  |  |  |  |
| 9.                                | Сору   | the following special categories of claims from Part 4, line 6 of <i>Schedule</i>  | E/F:   |  |  |  |  |  |
|                                   |  |  | Total claim                                      |  |  |  |  |  |
|                                   | From   | Part 4 on Schedule E/F, copy the following:  |  |  |  |  |  |  |
|                                   | 9a. E  | Domestic support obligations. (Copy line 6a.)  | \$0.00   |  |  |  |  |  |
|                                   | 9b. T  | axes and certain other debts you owe the government. (Copy line 6b.)   | \$0.00   |  |  |  |  |  |
|                                   | 9c. C  | Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$0.00   |  |  |  |  |  |
|                                   | 9d. S  | Student loans. (Copy line 6f.)   | <b>\$120,140.00</b>                              |  |  |  |  |  |
|                                   |  | Obligations arising out of a separation agreement or divorce that you did not repriviority claims. (Copy line 6g.)                               | oort as <b>\$0.00</b>                            |  |  |  |  |  |
|                                   | Of [   | Pahts to pansion or profit-sharing plans, and other similar debts. (Copy line 6h   | <b>, +</b> \$0.00                                |  |  |  |  |  |

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$120,140.00

| Fill in this info               | ormation to           | identify your case      | :                  |   |                                 |
|---------------------------------|-----------------------|-------------------------|--------------------|---|---------------------------------|
| Debtor 1                        | Mikayla<br>First Name | <b>J</b><br>Middle Name | Avery<br>Last Name | _ |                                 |
| Debtor 2<br>(Spouse, if filing) | First Name            | Middle Name             | Last Name          |   |                                 |
| United States Bar               | nkruptcy Court fo     | or the: WESTERN DIS     | STRICT OF TEXAS    |   |                                 |
| Case number (if known)          |                       |                         |                    |   | Check if this is amended filing |
| Official Form                   | 106Dec                |                         |                    |   |                                 |
| Declaration                     | About an I            | Individual Debt         | or's Schedules     |   |                                 |

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |  |
|--|--|
| Did you pay or agree to pay someone who                        | is NOT an attorney to help you fill out bankruptcy forms?                                      |
| <b>☑</b> No  |  |
| Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |
|  |  |
| Under penalty of perjury, I declare that I h true and correct. | eve read the summary and schedules filed with this declaration and that they are               |
| X /s/ Mikayla J Avery Mikayla J Avery, Debtor 1                | X Signature of Debtor 2  |
| Date <u>12/09/2019</u><br>MM / DD / YYYY                       | Date MM / DD / YYYY  |

12/15

| Fill in this inf                | ormation to id       | entify your cas                        | se:                  |                                       |                     |
|---------------------------------|----------------------|--|----------------------|---------------------------------------|---------------------|
| Debtor 1                        | Mikayla              | J                                      | Avery                |                                       |                     |
|                                 | First Name           | Middle Name                            | Last Name            |                                       |                     |
| Debtor 2<br>(Spouse, if filing) | First Namo           | Middle Name                            | Last Name            |                                       |                     |
| (Spouse, ii filing)             | riistivaille         | Middle Name                            | Last Name            |                                       |                     |
| United States Ba                | nkruptcy Court for   | the: WESTERN [                         | DISTRICT OF TEX      | (AS                                   |                     |
| Case number                     |                      |  |                      | _                                     | Check if this is an |
| (if known)                      |                      |  |                      |                                       | amended filing      |
| Official Form                   | 107                  |  |                      |                                       |                     |
|                                 | <del></del>          | Affaire for In                         | dividuale Eil        | ing for Pankruptov                    | 04/19               |
| Statement C                     | or Financiai         | Allalis IOI II                         | idividuais Fii       | ing for Bankruptcy                    | 04/19               |
|                                 |                      |  |                      | ng together, both are equally respon  |                     |
|                                 |                      | is needed, attach<br>own).  Answer eve |                      | this form. On the top of any addition | onal pages, write   |
|                                 |                      | , , , , , , , , , , , , , , , , , , ,  | .y quodiloiii        |                                       |                     |
| Part 1: Giv                     | ve Details Abo       | ut Your Marital                        | Status and Wh        | ere You Lived Before                  |                     |
|                                 |                      |  |                      |                                       |                     |
| •                               | current marital st   | atus?                                  |                      |                                       |                     |
|                                 | ed                   |  |                      |                                       |                     |
| _                               |                      | ou lived anywher                       | e other than where   | vou live now?                         |                     |
|                                 | st 5 years, nave y   | ou lived ally when                     | outer than where     | you live now :                        |                     |
|                                 | all of the places ye | ou lived in the last                   | 3 years. Do not incl | ude where you live now.               |                     |
| Debtor 1:                       |                      | [                                      | Dates Debtor 1       | Debtor 2:                             | Dates Debtor 2      |
|                                 |                      | I                                      | ived there           |                                       | lived there         |
|                                 |                      |  |                      | Same as Debtor 1                      | Same as Debtor      |
| 123 <i>1</i> 5 l a              | ımplight Village     | Avenue F                               | rom <b>07/2017</b>   |                                       | From                |
|                                 | Street               |  |                      | Number Street                         | <del></del>         |
| #1116                           |                      |  | o <u>08/2019</u>     | _                                     | To                  |
|                                 |                      | 70750                                  |                      |                                       |                     |
| Austin<br>City                  | TX<br>State          | 78756<br>e ZIP Code                    |                      | City State ZIP                        | Code                |
| J,                              |                      |  |                      |                                       |                     |
| Debtor 1:                       |                      |  | Dates Debtor 1       | Debtor 2:                             | Dates Debtor 2      |
|                                 |                      | I                                      | ived there           |                                       | lived there         |
|                                 |                      |  |                      | Same as Debtor 1                      | ☐ Same as Debtor    |
| 1620 F R                        | iverside Drive #     | 6028 F                                 | rom <b>01/2017</b>   |                                       | From                |
|                                 | Street               |  |                      | Number Street                         | <del></del>         |
|                                 |                      |  | o <u>07/2017</u>     |                                       | To                  |

<u>Aus</u>tin

TX 78741 State ZIP Code

State ZIP Code

| Debt  | or 1 Mikayla J Av                                   | ery              |  | Case nur   | mber (if known)                            |  |
|-------|---|------------------|--|--|--|--|
|       | Debtor 1:   |                  | Dates Debtor 1<br>lived there  | Debtor 2:  |  | Dates Debtor 2<br>lived there                        |
|       |   |                  |  | ☐ Same as Debto                                      | or 1                                       | Same as Debtor 1                                     |
|       | 2012 Owens Blvd                                     | d                | From <b>03/2016</b>  |  |  | From   |
|       | Number Street                                       |                  | To <b>01/2017</b>  | Number Street  |  | То   |
|       | Richardson  | TX 75082         | 2  |  |  |  |
|       | City  | State ZIP Cod    | de   | City   | State ZIP Code                             |  |
|       | rt 2: Explain th                                    | e Sources of Y   | H: Your Codebtors (Official  Your Income  ment or from operating a b |  | ear or the two previous ca                 | lendar vears?  |
|       |   | ase and you have | eived from all jobs and all bu<br>income that you receive tog        | • .  |  |  |
|       |   |                  | Debtor 1   |  | Debtor 2                                   |  |
|       |   |                  | Sources of income<br>Check all that apply.                           | Gross income<br>(before deductions<br>and exclusions | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions |
|       | n January 1 of the curr<br>late you filed for bankı | •                | ✓ Wages, commissions, bonuses, tips                                  | \$42,959.83  | ☐ Wages, commissions, bonuses, tips        |  |
|       | •   |                  | Operating a business   |  | Operating a business                       |  |
| For t | he last calendar year:                              |                  | ₩ages, commissions,  | \$43,856.00  | Wages, commissions,                        |  |
| (Janı | uary 1 to December 31,                              | <b>2018</b> )    | bonuses, tips  Operating a business                                  |  | bonuses, tips  Operating a business        |  |
| For t | he calendar year befor                              | re that:         | ₩ages, commissions, bonuses, tips                                    | \$268,681.00   | Wages, commissions, bonuses, tips          |  |
| (Janı | uary 1 to December 31,                              | <b>2017</b> )    | Operating a business   |  | Operating a business                       |  |

| Deb  | otor 1 | Mikayla J Avery   |  | Case nur   | mber (if known)                      | _  |
|--|--------|---|--|--|--------------------------------------|--|
| 5. Did you receive any other income during this Include income regardless of whether that income unemployment; and other public benefit payment and gambling and lottery winnings. If you are in Debtor 1.  List each source and the gross income from each No Yes. Fill in the details. |        | income is taxable. Examp<br>nyments; pensions; rental ir<br>are in a joint case and you | les of other income are<br>ncome; interest; dividen<br>have income that you re | alimony; child support; So<br>ds; money collected from<br>eceived together, list it on | lawsuits; royalties;                 |  |
|  |        |   | Debtor 1   |  | Debtor 2                             |  |
|  |        |   | Sources of income<br>Describe below.   | Gross income<br>from each source<br>(before deductions<br>and exclusions               | Sources of income<br>Describe below. | Gross income<br>from each source<br>(before deductions<br>and exclusions |
|  |        | ary 1 of the current year until<br>u filed for bankruptcy:                              |  |  |                                      |  |
|  |        | calendar year: o December 31, 2018 )  |  |  |                                      |  |
|  |        | endar year before that:<br>o December 31, 2017  | Pension<br>Unemployment  | \$35,040.00<br>\$9,367.00  |                                      |  |

| Debtor 1   |  | Mikayla J Avery   |   |  | Case number (if known)                        |                                 |  |
|--|--|---|---|--|---|---------------------------------|--|
| P  | art 3:                                       | List Certain Payments \   | ou Made Before Y  | ou Filed for Ba                        | ınkruptcy                                     |                                 |  |
| 6.   |  | ner Debtor 1's or Debtor 2's deb  |   |  |   |                                 |  |
|  | □ No.  | Neither Debtor 1 nor Debtor<br>"incurred by an individual prim  | •   |  |   | d in 11 U.S.C. § 101(8) as      |  |
|  |  | During the 90 days before you   | ı filed for bankruptcy, did   | d you pay any credit                   | tor a total of \$6,825*                       | or more?                        |  |
|  |  | □ No. Go to line 7.   |   |  |   |                                 |  |
|  |  |   | itor to whom you paid a<br>d that creditor. Do not in<br>mony. Also, do not inclu | nclude payments for                    | r domestic support ol                         | bligations, such as             |  |
|  |  | * Subject to adjustment on 4/0  | 11/22 and every 3 years   | after that for cases                   | filed on or after the o                       | date of adjustment.             |  |
|  | <b>√</b> Yes                                 | . Debtor 1 or Debtor 2 or both  | have primarily consu  | mer debts.                             |   |                                 |  |
|  |  | During the 90 days before you   | ı filed for bankruptcy, did   | d you pay any credit                   | tor a total of \$600 or                       | more?                           |  |
|  |  | □ No. Go to line 7.             □   |   |  |   |                                 |  |
| Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |  |   |   |  |   |                                 |  |
|  |  |   | Dates of payment  | Total amount paid                      | Amount you still owe                          | Was this payment for            |  |
|  | kswage<br>litor's name                       | n Credit, Inc   |   | \$838.62                               | \$9,540.00                                    | _ Mortgage                      |  |
|  | n: Bankı                                     |   |   |  |   | ☑ Car<br>☐ Credit card          |  |
| Num  | ber Stre                                     | · · ·   |   |  |   | ☐ Loan repayment                |  |
| PO   | Box 3  |   |   |  |   | Suppliers or vendors            |  |
|  | boro   | OR 9712   |   |  |   | Other                           |  |
| City 7.  | Insiders<br>corporat<br>agent, ir<br>such as | State ZIP Co  I year before you filed for bank include your relatives; any generations of which you are an officer, including one for a business you child support and alimony. | ruptcy, did you make a<br>ral partners; relatives of<br>director, person in contr | any general partne ol, or owner of 20% | rs; partnerships of whor more of their votile | hich you are a general partner; |  |
| •  | _  | List all payments to an insider.  |   |  |   |                                 |  |
| В.   |  | I year before you filed for bank<br>ed an insider?  | ruptcy, did you make a  | any payments or tr                     | ansfer any property                           | on account of a debt that       |  |
|  | Include                                      | payments on debts guaranteed o  | r cosigned by an inside   | r.                                     |   |                                 |  |
|  | ☑ No<br>□ Yes                                | . List all payments that benefited  | l an insider.   |  |   |                                 |  |

| Deb        | tor 1                | Mikayla J Avery   | Case number (if known)                           |
|------------|----------------------|---|--|
| P          | art 4:               | Identify Legal Actions, Repossessions, and Foreclosur   | es   |
| <b>)</b> . | List all s           | year before you filed for bankruptcy, were you a party in any lawsuit uch matters, including personal injury cases, small claims actions, divorce tions, and contract disputes. | •  |
|            | ✓ No<br>☐ Yes        | . Fill in the details.  |  |
| 10.        | seized,              | year before you filed for bankruptcy, was any of your property reposor levied? Il that apply and fill in the details below.   | ssessed, foreclosed, garnished, attached,        |
|            |                      | Go to line 11.  Fill in the information below.  |  |
| 11.        |                      | 00 days before you filed for bankruptcy, did any creditor, including a k<br>s from your accounts or refuse to make a payment because you owed                                   | · · · · · · · · · · · · · · · · · · ·            |
|            | ☑ No<br>□ Yes        | . Fill in the details.  |  |
| 12.        |                      | year before you filed for bankruptcy, was any of your property in the s, a court-appointed receiver, a custodian, or another official?  | e possession of an assignee for the benefit of   |
|            | ✓ No<br>☐ Yes        |   |  |
| P          | art 5:               | List Certain Gifts and Contributions  |  |
| 3.         | Within 2             | years before you filed for bankruptcy, did you give any gifts with a to   | otal value of more than \$600 per person?        |
|            | ✓ No<br>☐ Yes        | . Fill in the details for each gift.  |  |
| 14.        | Within 2<br>to any o | e years before you filed for bankruptcy, did you give any gifts or contribarity?  | ibutions with a total value of more than \$600   |
|            | ✓ No<br>☐ Yes        | . Fill in the details for each gift or contribution.  |  |
| P          | art 6:               | List Certain Losses   |  |
| 5.         |                      | year before you filed for bankruptcy or since you filed for bankruptc saster, or gambling?  | y, did you lose anything because of theft, fire, |
|            | ✓ No<br>☐ Yes        | . Fill in the details.  |  |

| Deb                                  | tor 1           | Mikayla .               | J Avery      |                       |  | Case number (if k    | known)                                  |                   |
|--------------------------------------|-----------------|-------------------------|--------------|-----------------------|--|----------------------|---|-------------------|
| Pa                                   | art 7:          | List Ce                 | ertain P     | ayments or            | Transfers  |                      |   |                   |
| 16.                                  | anyone          | you cons                | ulted abo    | ut seeking ba         | ptcy, did you or anyone else acting on nkruptcy or preparing a bankruptcy preparers, or credit counseling agencies | petition?            |   | -                 |
|                                      |                 | s. Fill in the          | e details.   |                       |  |                      |   |                   |
| Dor<br>Pers                          | othy Boon Who W | utler Law<br>Vas Paid   | Firm         |                       | Description and value of any proper \$1100 - paid by Texas Legal   | erty transferred     | Date payment<br>or transfer was<br>made | Amount of payment |
| 28515 Ranch Road 12<br>Number Street |                 | -                       |              |                       |  |                      |   |                   |
| Drij<br>City                         | oping S         | prings                  | TX<br>State  | <b>78620</b> ZIP Code | -  |                      |   |                   |
|                                      |                 | dorothybu<br>te address | ıtlerlawf    | irm.com               | -  |                      |   |                   |
| Pers                                 | on Who M        | Made the Payr           | ment. if Not | You                   | _  |                      |   |                   |
|                                      | Within          | 1 year befo             | ore you fi   | led for bankru        | ptcy, did you or anyone else acting o<br>vith your creditors or to make payme                                      |                      |   | perty to          |
|                                      | Do not          | include any             | payment      | or transfer that      | t you listed on line 16.   |                      |   |                   |
|                                      | ✓ No            | s. Fill in the          | e details.   |                       |  |                      |   |                   |
| 18.                                  |                 | •                       | -            |                       | uptcy, did you sell, trade, or otherwis<br>rse of your business or financial affai                                 |                      | perty to anyone, ot                     | her than          |
|                                      |                 | Ū                       |              |                       | s made as security (such as granting of have already listed on this statement.                                     | a security interest  | or mortgage on your                     | property).        |
|                                      | ✓ No            | s. Fill in the          | e details.   |                       |  |                      |   |                   |
| 19.                                  |                 | -                       | -            |                       | cruptcy, did you transfer any property n called asset-protection devices.)   | to a self-settled to | rust or similar devic                   | e of which        |
|                                      | ✓ No            | s. Fill in the          | e details.   |                       |  |                      |   |                   |

| Del | btor 1          | Mikayla J Avery Case number (if known)  |        |
|-----|-----------------|---|--------|
| P   | art 8:          | List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units   |        |
| 20. | benefit,        | in 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your efit, closed, sold, moved, or transferred?  Ide checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brol  | korago |
|     |                 | ses, pension funds, cooperatives, associations, and other financial institutions.   | Kerage |
|     | ✓ No<br>☐ Yes   | No<br>Yes. Fill in the details.   |        |
| 21. | -               | rou now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository<br>securities, cash, or other valuables?  | y      |
|     | ☑ No<br>☐ Yes   | No<br>Yes. Fill in the details.   |        |
| 22. | Have yo<br>✓ No | e you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  |        |
|     |                 | Yes. Fill in the details.   |        |
| P   | art 9:          | Identify Property You Hold or Control for Someone Else  |        |
| 23. | -               | rou hold or control any property that someone else owns? Include any property you borrowed from, are storing for, old in trust for someone.   |        |
|     | ✓ No<br>☐ Yes   | No<br>Yes. Fill in the details.   |        |
| P   | art 10:         | 0: Give Details About Environmental Information   |        |
| For | the purp        | urpose of Part 10, the following definitions apply:   |        |
|     | hazardou        | onmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of<br>dous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium,<br>ling statutes or regulations controlling the cleanup of these substances, wastes, or material. | of     |
|     |                 | neans any location, facility, or property as defined under any environmental law, whether you now own, operate, or it or used to own, operate, or utilize it, including disposal sites.   |        |
|     |                 | dous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic ance, hazardous material, pollutant, contaminant, or similar item.   |        |
| Re  | port all ne     | I notices, releases, and proceedings that you know about, regardless of when they occurred.   |        |
| 24. | Has any<br>law? | any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmen  | ntal   |
|     | ✓ No<br>☐ Yes   | No<br>Yes. Fill in the details.   |        |
| 25. | •               | e you notified any governmental unit of any release of hazardous material?  |        |
|     | ✓ No<br>☐ Yes   | Yes. Fill in the details.   |        |

| tor 1   | Mikayla J Avery  | Case number (if known)  |
|---|--|---|
|   |  | Il or administrative proceeding under any environmental law? Include settlements and  |
| ✓ No<br>☐ Yes   |  |   |
| art 11:   | Give Details About Yo  | our Business or Connections to Any Business   |
|   | -  | ankruptcy, did you own a business or have any of the following connections to any   |
|   | A member of a limited liability A partner in a partnership An officer, director, or manag  | oyed in a trade, profession, or other activity, either full-time or part-time v company (LLC) or limited liability partnership (LLP)  ling executive of a corporation e voting or equity securities of a corporation  |
| <b>☑</b> No.  | . None of the above applies. G   | Go to Part 12.  |
| ☐ Yes   | s. Check all that apply above a  | and fill in the details below for each business.  |
| 8. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |  |   |
| □ No<br>□ Yes   |  |   |
| art 12:   | Sign Below   |   |
| answer  | s are true and correct. I under fraud in connection with a ba  | nt of Financial Affairs and any attachments, and I declare under penalty of perjury erstand that making a false statement, concealing property, or obtaining money or ankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, d 3571.   |
| s/ Mika   | yla J Avery  | X   |
|   | •  | Signature of Debtor 2   |
| Date _  | 12/09/2019   | Date  |
| you atta  | ach additional pages to Your S   | Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |
|   |  |   |
| you pay   | or agree to pay someone wh   | no is not an attorney to help you fill out bankruptcy forms?  |
|   | ame of person  | Attach the Bankruptcy Petition Preparer's Notice,   |
|   | Have y orders  No Yes  art 11:  Within busine  Within all fina  No Yes  ve read answer perty by both. 18  Sy Mika Wikayla and Wikayla and Yes  you atta  No Yes  you pay  No | Have you been a party in any judicial orders.  No Yes. Fill in the details.  As le proprietor or self-emple Amember of a limited liability Apartner in a partnership An officer, director, or manag An owner of at least 5% of the Within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions, creditors, or within 2 years before you filed for ball financial institutions.  Sign Below  Ve read the answers on this Statemer answers are true and correct. I under the provided has been all financial institutions. |

| Fill in this in                             | formation          | to identify your case                                 | e:  |                                       |   |
|---|--------------------|---|---|---------------------------------------|---|
| Debtor 1                                    | Mikayla            | J   | Avery   | •                                     |   |
| Debior 1                                    | First Name         | Middle Name   | Last Name   | -                                     |   |
| Debtor 2<br>(Spouse, if filing              | ) First Name       | Middle Name   | Last Name   | -                                     |   |
| United States Ba                            | ankruntov Co       | urt for the: WESTERN D                                | ISTRICT OF TEXAS  |                                       |   |
| Case number                                 | arikraptoy oc      | dictor die. WEGIERING                                 | iornior or rezono   | -                                     |   |
| (if known)                                  | -                  |   |   |                                       | Check if this is an amended filing                  |
| Official Form                               | า 108              |   |   |                                       |   |
|   |                    | ion for Individual                                    | s Filing Under Chap   | oter 7                                | 12/15   |
| If you are an indi                          | vidual filing      | under chapter 7, you mu                               | st fill out this form if:   |                                       |   |
| ■ creditors have                            | e claims sec       | ured by your property, or                             | ,   |                                       |   |
| ■ you have leas                             | ed personal        | property and the lease h                              | as not expired.   |                                       |   |
|   | chever is ea       | rlier, unless the court ext                           | ofter you file your bankruptcy<br>ends the time for cause. You          | •                                     | _   |
| If two married pe<br>Both debtors mu        | -                  |   | e, both are equally responsibl  | e for supplying correct in            | formation.  |
| •   |                    | e as possible. If more spa<br>name and case number (i | ace is needed, attach a separa  | ate sheet to this form. On            | the top of any                                      |
| additional pages                            | , write your       | name and base namber (                                | i kilowily.   |                                       |   |
| Part 1: Lis                                 | st Your Cı         | editors Who Hold Se                                   | ecured Claims   |                                       |   |
| For any cred fill in the info               |                    |   | edule D: Creditors Who Hold   | Claims Secured by Prope               | rty (Official Form 106D),                           |
| Identify the                                | creditor and       | the property that is colla                            | teral What do you inte  | end to do with the cures a debt?      | Did you claim the property as exempt on Schedule C? |
| Creditor's name:                            | Volksw             | agen Credit, Inc                                      | Surrender the   | e property. roperty and redeem it.    | □ No ✓ Yes  |
| Description o                               | of <b>2017 V</b> o | olkswagen Beetle                                      | Retain the pr   | roperty and enter into a n Agreement. | <b>✓</b> Yes  |
| securing deb                                | t:                 |   |   | roperty and [explain]:                |   |
| Part 2: Lis                                 | st Your Ui         | nexpired Personal Pr                                  | operty Leases   |                                       |   |
| For any unexpire                            | d nersonal         | property lease that you li                            | sted in Schedule G: Executor  | v Contracts and Unevnire              | ed Leases (Official Form 106G),                     |
| fill in the informa                         | tion below.        | Do not list real estate lea                           | uses. <i>Unexpired leases</i> are le<br>roperty lease if the trustee do | ases that are still in effect         | t; the lease period has not                         |
| Describe yo                                 | ur unexpire        | d personal property lease                             | es  | V                                     | Vill this lease be assumed?                         |
| Lessor's nam<br>Description of<br>property: | _                  | reekside at Kenney Fo<br>partment lease               | rt  | [<br>6                                | □ No<br>☑ Yes                                       |
| Lessor's nam<br>Description o<br>property:  |                    | orint<br>ell Phone                                    |   | [<br>[                                | □ No<br>☑ Yes                                       |

| Debtor | Mikayla J Avery                            | Case number (if known   | n)                      |
|--------|--|---|-------------------------|
| Part   | 3: Sign Below                              |   |                         |
|        | der penalty of perjury, I declare that I i | e indicated my intention about any property of my estate bired lease. | that secures a debt and |
| _      | Mikayla J Avery<br>ayla J Avery, Debtor 1  | X Signature of Debtor 2   |                         |
| Da     | te 12/09/2019<br>MM / DD / YYYY            | Date  |                         |

B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION**

| In | re Mikayla J Avery  | Case No.    |                                 |
|----|---|-------------|---------------------------------|
|    | C   | hapter      | 7                               |
|    | DISCLOSURE OF COMPENSATION OF ATTORNE   | Y FOR       | DEBTOR                          |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the atto that compensation paid to me within one year before the filing of the petition in bankru services rendered or to be rendered on behalf of the debtor(s) in contemplation of or is as follows: | uptcy, or a | agreed to be paid to me, for    |
|    | For legal services, I have agreed to accept   | \$1         | ,100.00                         |
|    | Prior to the filing of this statement I have received   |             | \$0.00                          |
|    | Balance Due   | \$1         | ,100.00                         |
| 2. | The source of the compensation paid to me was:  ☑ Debtor ☐ Other (specify)  |             |                                 |
| 3. | The source of compensation to be paid to me is:   |             |                                 |
|    | ☐ Debtor ☐ Other (specify)  Attorney fees to be paid by Texas Legal   |             |                                 |
| 4. | I have not agreed to share the above-disclosed compensation with any other per associates of my law firm.   | rson unles  | ss they are members and         |
|    | ☐ I have agreed to share the above-disclosed compensation with another person of associates of my law firm. A copy of the agreement, together with a list of the nat compensation, is attached.   |             |                                 |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all asp  | ects of the | e bankruptcy case, including:   |
|    | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in debankruptcy;  | etermining  | g whether to file a petition in |
|    | b. Preparation and filing of any petition, schedules, statements of affairs and plan wh   | ich may b   | e required;                     |
|    | c. Representation of the debtor at the meeting of creditors and confirmation hearing,   | and any     | adjourned hearings thereof;     |

| B2030 | (Form | 2030) | (12/15) |
|-------|-------|-------|---------|

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/09/2019 /s/ Dorothy K Lawrence

Date
Dorothy K Lawrence
Dorothy Butler Law Firm
28515 Ranch Road 12

Dripping Springs, TX 78620

Phone: (512) 699-5632 / Fax: (512) 369-3535

Bar No. 24072015

/s/ Mikayla J Avery

Mikayla J Avery

# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Mikayla J Avery CASE NO

CHAPTER 7

Signature \_\_\_\_\_

## **VERIFICATION OF CREDITOR MATRIX**

| The above named Debtor hereby verifies that the knowledge. | e attached list of creditors is true and correct to the best of his/her |
|--|---|
| Date   | Signature _/s/ Mikayla J Avery  Mikayla J Avery                         |

#### 19-11675-hcm Doc#1 Filed 12/09/19 Entered 12/09/19 23:12:57 Main Document Pg 59 of 62 **WESTERN DISTRICT OF TEXAS** Debtor(s): Mikayla J Avery Case No: Chapter: 7 **AUSTIN DIVISION**

Capital One Attn: Bankruptcy PO Box 30285

Sprint PO Box 4191 Carol Stream, IL 60197

Salt Lake City, UT 84130

Chase Card Services Attn: Bankruptcy PO Box 15298 Wilmington, DE 19850

Texas Higher Education Coordina ATTN: Bankruptcy Dept. 1200 E Anderson Lane Austin, TX 78752

Citibank Attn: Recovery/Centralized Bank: Attn: Bankruptcy PO Box 790034 St Louis, MO 63179

Volkswagen Credit, Inc PO Box 3 Hillboro, OR 97123

Creekside at Kenney Fort 1100 Kenney Fort Round Rock, TX 78665

Discover Financial Attn: Bankruptcy Department PO Box 15316 Wilmington, DE 19850

Diversified Consultants, Inc. Attn: Bankruptcy PO Box 679543 Dallas, TX 75267

FedLoan Servicing Attn: Bankruptcy PO Box 69184 Harrisburg, PA 17106

Firstmark Services 121 South 13th Street Lincoln, NE 68508

Jefferson Capital Systems, LLC PO Box 1999 Saint Cloud, MN 56302

Nelnet Loans Attn: Bankruptcy Claims PO Box 82505 Lincoln, NE 68501

|   |   |  |  |   | _                                     |  |                                  |  |  |
|---|---|--|--|---|---------------------------------------|--|----------------------------------|--|--|
| F   | ill in this inf   | ormation to  | dentify your case:   |   |                                       | e box only as dire<br>in Form 122A-1Su   |                                  |  |  |
| D   | ebtor 1   | Mikayla<br>First Name  | <b>J</b><br>Middle Name  | Avery Last Name   | _                                     | no presumption of abu  |                                  |  |  |
|   | ebtor 2<br>Spouse, if filing)   |  | Middle Name  | Last Name   | _                                     | ulation to determine if a applies will be made u   | a presumption<br>nder Chapter 7  |  |  |
| U   | Inited States Ba  | inkruptcy Court fo   | or the: WESTERN DIS  | Means Test Calculation (Official Form 122A-2).  |                                       |  |                                  |  |  |
| 1 -   | ase number<br>f known)  |  |  |   |                                       | 3. The Means Test does not apply now because of qualified military service but it could apply later. |                                  |  |  |
|   |   |  |  |   | Check if t                            | his is an amended filin  | g                                |  |  |
| Of  | fficial Form  | 122A-1   |  |   |                                       |  |                                  |  |  |
| Cł  | hapter 7 S  | tatement o   | f Your Current   | Monthly Income  |                                       |  | 12/19                            |  |  |
| info<br>are<br>mil<br>122   | ormation applic<br>exempted fron<br>itary service, o<br>2A-1Supp) with  | es. On the top on a presumption complete and file this form. | of any additional pages  | neet to this form. Include the write your name and case undo not have primarily contion from Presumption of Ab                  | number (if knowr<br>sumer debts or be | n). If you believe that ecause of qualifying   | you                              |  |  |
| 1.  | What is your  | marital and filin  | i <b>g status?</b> Check one o   | nly   |                                       |  |                                  |  |  |
| ••  |   |  |  |   |                                       |  |                                  |  |  |
|   | Not married. Fill out Column A, lines 2-11.   |  |  |   |                                       |  |                                  |  |  |
|   | Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.  |  |  |   |                                       |  |                                  |  |  |
|   | Married and your spouse is NOT filing with you. You and your spouse are:  |  |  |   |                                       |  |                                  |  |  |
|   | Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.  Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, yo |  |  |   |                                       |  |                                  |  |  |
|   | dec   | lare under penal   | ty of perjury that you and   | <ul> <li>Fill out Column A, lines 2-1:</li> <li>d your spouse are legally separated that do not include evading that</li> </ul> | arated under nonb                     | ankruptcy law that appl  | ies or that you                  |  |  |
| Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 th August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total being the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. |   |  |  |   |                                       |  | ch 1 through<br>total by 6. Fill |  |  |
|   |   |  |  |   | Column A  Debtor 1                    | Column B  Debtor 2 or non-filing spouse  |                                  |  |  |
| 2.  | -   | vages, salary, tipyroll deductions).                         | os, bonuses, overtime,   | and commissions   | \$3,821.45                            |  |                                  |  |  |
| 3.  | <b>Alimony and maintenance payments.</b> Do not include payments from a sp if Column B is filled in.  |  | le payments from a spouse  | \$0.00  |                                       |  |                                  |  |  |
| 4.  | expenses of<br>regular contril<br>your depende  | you or your dep<br>butions from an u<br>ents, parents, and   | e which are regularly p<br>nendents, including chi<br>nmarried partner, memi<br>I roommates. Include re<br>not filled in. Do not inclu | Id support. Include pers of your household, egular contributions from   | \$0.00                                |  |                                  |  |  |

| otor 1 Mikayla J Avery   |   |   | с          | ase number (if ki  | nown)                                   |
|--|---|---|------------|--------------------|---|
|  |   |   |            | Column A  Debtor 1 | Column B  Debtor 2 or non-filing spouse |
| Net income from operating a busine   | ess, profession, o  | r farm  |            |                    |   |
|  | Debtor 1  | Debtor 2  |            |                    |   |
| Gross receipts (before all deductions)   | \$0.00  |   | -          |                    |   |
| Ordinary and necessary operating — expenses  | \$0.00  |   | -<br>Copy  |                    |   |
| Net monthly income from a business, profession, or farm  | \$0.00  |   | here       | \$0.00             |   |
| Net income from rental and other re  | eal property  |   |            |                    |   |
|  | Debtor 1  | Debtor 2  |            |                    |   |
| Gross receipts (before all deductions)   | \$0.00  |   | -          |                    |   |
| Ordinary and necessary operating — expenses  | \$0.00  |   | -<br>Copy  |                    |   |
| Net monthly income from rental or other real property  | \$0.00  |   | here →     | \$0.00             | <del></del> -                           |
| Interest, dividends, and royalties   |   |   |            | \$0.00             |   |
| Unemployment compensation  |   |   |            | \$0.00             |   |
| benefit under the Social Security Act.  For you  |   | •   | .00        |                    |   |
| For your spouse  |   |   |            |                    |   |
| Pension or retirement income. Do not was a benefit under the Social Securit next sentence, do not include any comallowance paid by the United States Godisability, combat-related injury or disauniformed services. If you received an of title 10, then include that pay only to amount of retired pay to which you wounder any provision of title 10 other the | ty Act. Also, except persistion, pension of the second persistence of | ot as stated in the on, pay, annuity, on ection with a a member of the I under chapter 6's not exceed the entitled if retired | pr         | \$0.00             |   |
| Income from all other sources not li amount. Do not include any benefits repayments received as a victim of a wainternational or domestic terrorism; or or allowance paid by the United States disability, combat-related injury or disauniformed services. If necessary, list and put the total below.  | received under the<br>ar crime, a crime as<br>compensation, pe<br>s Government in cra<br>ability, or death of a   | e Social Security A<br>gainst humanity, on<br>sion, pay, annui<br>onnection with a<br>a member of the                         | Act;<br>or |                    |   |
|  |   | a separate page   | <b>_</b>   |                    |   |

| Deb  | tor 1 Mikayla J Avery  |   | Case number (if known)   |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|
| 11.  | Calculate your total current monthly income. Add lines 2 through 10 for each column.   |   | Column A Debtor 1 Debtor 2 or non-filing spouse  \$3,821.45 + = \$3,821.45 |  |  |  |  |  |  |
|  | Then add the total for Column A to the total for Colu  | mn B.   | Total current monthly income   |  |  |  |  |  |  |
| P  | Determine Whether the Means T  | est Applies to You  |  |  |  |  |  |  |  |
| 12.  | Calculate your current monthly income for the year. Follow these steps:  |   |  |  |  |  |  |  |  |
|  | 12a. Copy your total current monthly income from   | Copy line 11 here   |  |  |  |  |  |  |  |
|  | Multiply by 12 (the number of months in a year   | X 12  |  |  |  |  |  |  |  |
|  | 12b. The result is your annual income for this part  | of the form.  | 12b. <b>\$45,857.40</b>  |  |  |  |  |  |  |
| 13.  | Calculate the median family income that applies to you. Follow these steps:  |   |  |  |  |  |  |  |  |
|  | Fill in the state in which you live.   | Texas   |  |  |  |  |  |  |  |
|  | Fill in the number of people in your household.  | 1   |  |  |  |  |  |  |  |
|  | Fill in the median family income for your state and size of household  |   |  |  |  |  |  |  |  |
|  | To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. |   |  |  |  |  |  |  |  |
| 14.  | How do the lines compare?  |   |  |  |  |  |  |  |  |
|  | 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i> .  Go to Part 3. Do NOT fill out or file Official Form 122A-2.            |   |  |  |  |  |  |  |  |
|  | 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2.                         |   |  |  |  |  |  |  |  |
| P  | art 3: Sign Below  |   |  |  |  |  |  |  |  |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. |  |   |  |  |  |  |  |  |  |
|  | X /s/ Mikayla J Avery  |   |  |  |  |  |  |  |  |
|  | Mikayla J Avery, Debtor 1  | X<br>Signa  | ature of Debtor 2  |  |  |  |  |  |  |
|  | Date 12/9/2019<br>MM / DD / YYYYY  | Date _  | MM / DD / YYYY   |  |  |  |  |  |  |
|  | If you checked line 14a, do NOT fill out or file Form 122A-2.  |   |  |  |  |  |  |  |  |
|  | If you checked line 14b, fill out Form 122A-2 and fi   | If you checked line 14b, fill out Form 122A-2 and file it with this form. |  |  |  |  |  |  |  |